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**“A fine balance”:**

**A case study of love, hatred and sadomasochism**

**By**

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for the award of the degree of the Master of Arts in Clinical Psychology

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- In memory of Cyndee

<b>Declaration</b>
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I, Indira Moodley (Student No.: MDLIND001) do hereby declare that this work has not been previously submitted in whole, or part, for any award of any degree. It is my own work. Each significant contribution to, and quotation in, this dissertation from the work, or works, of other people has been attributed, and has been cited and referenced.

Signed in .....<sup>UCT</sup>.....(place) on the .....<sup>8</sup>.....day of the  
 .....<sup>12</sup>.....month in the year 2003.

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**ABSTRACT**

This dissertation describes a clinical decision taken to separate an adolescent girl child from her mother and place her in the care of her father. This decision was considered imperative in light of the continued risks posed to the physical and emotional health of the child through continued living with her mother. The mother's combined presentation of hatred and sadomasochism, underlying a borderline personality structure, acted as a powerful obstacle in her being able to love her daughter. Using the theoretical tenets of self psychology to understand the clinical presentation of both mother and daughter, it emerged that the fragmented self-structure of the mother, which had its antecedents in her own traumatic childhood milieu did not permit an interpretive therapeutic approach. Instead work with both the mother and daughter required careful and continuous monitoring, and a flexible clinical stance especially when the therapy itself inadvertently retraumatised the mother. The advantage of the case study, the methodological design employed in this thesis, is that it enabled one to provide an in-depth study of a specific case, especially in light of issues that are considered unusual such as the separation that this intervention demanded. The case study also provided the opportunity to follow the progress of the psychotherapeutic treatment of the child both prior to and after the separation. A detailed discussion of the therapy provides an opportunity to reflect on the issues which informed the decision, the process and the outcome. Reflecting on the theoretical, research and clinical implications of the decision leads to the conclusion that the value of psychoanalytic theory cannot be undermined, especially as it provided the theoretical justification for the decision which has had a helpful outcome for the child concerned.

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## CHAPTER ONE

### Introduction

This dissertation describes the decision taken by the author under the guidance of her supervisors at the Child Guidance Clinic, to separate an adolescent girl child from her mother and place her in the care of her father. Her parents were consulted individually and were in agreement regarding our treatment plan for their daughter. Our decision to intervene in the way that we proposed was primarily informed by the presenting problem, and included evidence of a severe mother - child relational problem, as well as the presence of childhood depression with suicidal ideation in the child.

The therapeutic intervention undertaken in this context deviated markedly from what is common regarding treatment for parent - child relationships, especially between mother and child, both in South Africa, and internationally. The prevailing view from the attachment literature is that children prefer to stay with their primary caregiver (in this case the mother), even though the relationship may be an abusive one, than to have to move elsewhere. This is due in large measure to the attachment to their parents that they hold on to and have internalized as attachment templates (Fonagy, 1999).

However my reading of the level of trauma experienced by the mother in her life, and subsequently played out in the complex dynamic inherent in this mother - daughter relationship alerted me to a sadomasochistic presentation in the mother (Rhode-Dascher, 1999). In the disturbing presentation of both sadomasochism and hatred expressed by the mother toward her daughter, the most tenable although uncommon treatment was to

separate mother and daughter. This thesis will argue that the borderline pathology of the mother, underlying her overt sadomasochism acted as a serious buffer in her ability to provide good-enough mothering to her daughter (St Clair 2000), and that their continued living together was a serious risk factor for the mental and physical health of her daughter. In spearheading the separation it was decided to work together with, rather than against the overtly aggressive stance of the mother. The process was marked with difficulty and required ongoing supervision and thought which did on occasion give rise to unconventional therapeutic praxis. Here I refer specifically to a decision made to see mother and child jointly, a violation on one level of the “holding space” (Modell, 1976) promised to the child and allied to this, a reneging of an earlier contract to see them individually. The reason for this significant frame break will be explored and discussed further on in this thesis.

The therapeutic involvement with this case spanned a year and this included presentation, formulation, and intervention (including therapies) as well as termination. With hindsight, I can write (however tragically, as we will see) that our therapeutic reading of this case appears to have accurately captured and responded to its complex demands. Our intervention, as will be shown, was a timely and necessary one and highlights the importance of creative therapeutic praxis, especially in dire circumstances. It also communicated to me the value of working in a therapeutic environment where one is able to draw on the experience and expertise of an experienced team of clinicians.



## CHAPTER TWO

### LITERATURE REVIEW

This section will provide an overview of the theoretical underpinnings of this thesis, drawing largely on the work of self psychologists but including substantial input from the intersubjectivists and other theoretical frameworks where relevant. It will start with an exposition of the tenets of self psychology, both because it usefully describes the clinical presentation of Karen, Layla and Rashied and also because it provided me with an invaluable mode of working in the room. Central theoretical tenets including self-state, selfobject experience, empathic immersion and failure enabled me to conceptualize material and institute a clinical plan. Following on from this I discuss Jessica Benjamin's (1990) notion of intersubjective recognition as it helpfully illuminates the importance of not only intrapsychic relating but significantly intersubjective relating, thereby opening a theoretical space to understand the subjectivity of the mother. Benjamin's theory also provides one pathway to understanding the sadomasochistic presentation of Karen. To take further this discussion of sadomasochism, I provide an overview of a range of theoretical understandings not only of sadomasochism but also of hatred. I include a discussion of the latter as elements of hatred are encapsulated in Karen's clinical presentation and therefore require some understanding. In elucidating a variety of theoretical propositions enabling me to understand clinical presentation, it is useful to consider that "regardless of theoretical orientation, psychological symptoms can best be understood as final common pathways for a variety of anxieties" (Ornstein, 1991, p. 380). Finally, a discussion of trauma and its impact on the analytic relationship is provided in recognition of not only the level of trauma experienced by both Karen and

Layla but also in cognizance of the fact that the therapy inadvertently retraumatized Karen. Here I allude to not only the work of Kohut but also draw heavily on the intersubjective theorizing of Stolorow and Atwood (1992) and Stolorow, Brandchaft and Atwood (1984).

Before entering into an in-depth discussion of the theory as mentioned above, I am going to provide a brief discussion which will attempt to situate the theorists in terms of their traditions. Self psychology, the relational theory of Jessica Benjamin and the intersubjective theorizing of Stolorow, Atwood and Brandchaft have in common a fundamental rejection of the premises of drive theory. While both Kohut's self psychology and Benjamin's relational theory recognize the subjectivity of both parties in the analytic relationship, they emphasize different party's expression of subjectivity (Teicholz, 2001). Self psychology foregrounds the patient's subjective experience as the central focus of the analyst's attention whereas relational theory argues for the free expression of the analyst's subjectivity and the patient's experiences of this. Teicholz (2001) argues that in defining empathy as "vicarious introspection", Kohut redefined the role of the analyst from objective observer to an emotionally attuned participant and in this way preempted his and other psychoanalytic theories' eventual shift toward an intersubjective slant. Self psychology sees the analyst's empathic stance and containment as integral in enabling the patient's subjectivity to emerge. Relational theorists such as Benjamin are more inclined to encourage the analyst's free expression of her/his subjectivity as a helpful catalyst in promoting the patient's own growth through exposure to a more intact, distinctive subjectivity. Stolorow in conjunction with a host of others representing the intersubjectivists (for example Atwood, Brandchaft, Lachmann, Orange and Trop) have extended their interest in the analyst's subjectivity to a special emphasis on the relationship between analyst and analysand, and the potential of this relationship to

unwittingly retraumatize patients. In foregrounding the analytic relationship, they are making reference to the ubiquitous impact of mutual influence and contextualisation with regard to psychological functioning.

The contributions from infant research to our perception of the analytic relationship as intersubjective remains significant with Beebe and Lachman (1988) providing evidence of mutual influence and regulation within the caretaking dyad. Stern and the Process Study Group (in Teicholz, 2001) refer to the “shared implicit relationship” as a significant transmitter of affective and procedural knowledge, especially with regard to the creation of expectation regarding affective and behavioural sequences in the caretaking dyad. While the intersubjectivists (including Beebe and Lachmann) conceive of intersubjective relating as an inherent quality of all relationships, manifest as early as from birth onwards, Stern and Benjamin see intersubjective relating as a later developmental achievement (in Teicholz, 2001). Despite the two latter theorists’ agreement here, it is useful to note (though not significant for the purposes of this thesis) that their theories reflect significant differences with regard to the achievement of intersubjective relating. Finally Stolorow’s conception of intersubjective relatedness as an inherent quality of all relationships, active from birth onwards, acts as a bridge between an intersubjective relatedness implicit in Kohut’s theory and Benjamin’s explicit call for the recognition of both subjectivities in the caretaking dyad, and by extension the analytic relationship. In the more in-depth discussion of the above theories to which I now turn to, I will discuss, where relevant, differences between theorists on salient points related to my thesis.

## THE SELF PSYCHOLOGY FRAMEWORK

Kohut's self psychology places the self at the centre of one's psychological world in that the self is the centre (nexus) of initiative, purpose and behavior (Kohut, 1977, St. Clair, 1986; Wolf, 1988; Siegel, 1996). However one is not born with an innate self, our sense of self is formed in relation to a matrix of selfobjects available to the burgeoning self. A cohesive, intact self is evoked in relation to a sustaining, emotionally attuned and available matrix of selfobjects, which usually is the mother but later extends to the father. Later on our range of selfobjects extends to include friends, teachers, mentors and partners (Wolf, 1988).

The self is conceived of as a psychic structure that manifests continuity across temporal, spatial and state dimensions. A self-presentation reflects a healthy self-esteem, characterized by a core personality able to live adventurously, and still make decisions and contemplate reality in accordance with those functions traditionally ascribed to the ego (Wolf, 1988). Selfobjects are the intrapsychic experience one has of objects in our surround that are evoked in the process of self-formation. Affirming, nourishing and strengthening responses are required for the development of a cohesive self and are suitably termed selfobject experiences (Wolf, 1988; Kohut, 1977; Basch, 1984). A deficiency of sustaining selfobject experiences portends to a poor developmental outcome in terms of self - formation (Kohut, 1977; Wolf, 1988).

For the self to cohere it is imperative that important selfobject needs or experiences be met. While Kohut emphasized three significant selfobject experiences, other writers have looked at a range of selfobject experiences such as merger, adversary and alter ego experiences (Wolf, 1988). Kohut (1971) emphasized firstly the mirroring experience,

which is the need expressed by the child to have its grandiosity mirrored, be admired and affirmed by a selfobject (usually the parents), especially when showing the self. When this need has been thwarted then it is likely to manifest in a “mirror hungry personality”, who craves the attention and approval of a selfobject so as to stave off feelings of worthlessness and inadequacy. Secondly, idealizing selfobject experiences are those which enable the burgeoning self to feel connected to and a part of a stronger, more admired and resolute (calm) adult selfobject (Kohut and Wolf, 1978). Failure to have one’s idealizing needs met result in an “ideal hungry personality” who tends to feel worthwhile only through looking up to and being accepted by others she/he idealizes. The third selfobject experience, namely twinship, reflects a later developmental need and is concerned with the need to feel a likeness with a parent, usually of the same sex. This selfobject need is also important in enabling the young child to acquire skills and talents, which he/she learns at the hands of the parent (Wolf, 1988). In summary, in order to compensate for the impoverishment of an inner experience the person develops a personality appropriate to the thwarted needs, which ideally ought to have been met in infancy and early childhood.

If the provision of these needs are thwarted through malattunement, deprivation or trauma, then the emerging self is unable to build an intact self-structure which involves the modifying of these still primitive archaic needs into more mature forms. The development of the self occurs through a process, which Kohut has termed transmuting internalization whereby the child internalizes selfobject experiences (Kohut, 1984; Wolf, 1988). A disordered self where the structure building has been disrupted will manifest pathological behavior appropriate to the thwarted needs. When the self does not cohere due to trauma and malattunement, which causes intense anxiety for the burgeoning self, defensive responses are built or incorporated into emerging psychological structures.

One is said to have a fragmented self or a disorder of the self and consequently is often “unable to protect the self from injury through flight or fight” (Swartz and Richardson, 1997, p. 1). The borderline term has been applied to the patient whose clinical picture includes “narcissism, rigidity of personality, negative therapeutic reactions, and deep organic anxiety” (Brandchaft and Stolorow, 1984, p. 96). Kohut described the borderline clinical presentation as a severe self disorder (in Kohut and Wolf, 1978). Such a self may have insecure and conflictual attachment relationships, and often uses unhelpful strategies to deal with difficulty. To trace the trajectory of this process, Wolf argues that cognitive structures are established in tandem with the process of structure building. A developing self under threat will rely on emerging and available cognitive and psychological structures in its efforts to institute defences to ward off the felt anxiety (Wolf, 1988). Kohut highlights the value of defence activities that, “are undertaken in the service of psychological survival, that is, as the patient’s attempt to save at least that sector of his nuclear self, however small and precariously established it may be, that he has been able to construct and maintain despite serious insufficiencies in the development-enhancing matrix of the selfobjects of his childhood” (Kohut, 1984, p. 115).

Kohut argues that the self can modify its structure in accordance with its level of damage or self-injury. The self can either veer toward the pole of ideals or ambitions, or, as described above, rely on immature and archaic defences. These adaptations, especially the latter, have a deleterious effect on the development of the self structure through leaving it under-resourced in nourishing selfobject experiences with a resultant loss of vitality and recurring emptiness. A distinction is made between compensatory or adaptive defences and pathological ones. A pathological defence is solely concerned with protecting or masking a primary defect in self - structure whereas a compensatory defence reflects a more adroit use of protecting primary defects, in that it finds ways of

compensating or making up, which in general are more helpful to the person (Kohut, 1977). This ability to repair or compensate for structural impairment usually “strengthens activity in the relatively undamaged pole of the self structure” (Swartz, 1997, p.2).

With regard to the borderline presentation, Kohut maintains that such permutations of the self remain largely static (Kohut, 1959). This is because if the malattunement or disruption is absolute or severe - then the self-structure remains fragmented and does not even have the skeleton of an intact structure, which could be used in psychotherapy to re-engage the structure building process. In the analytic context such patients’ describe ill-defined and vague symptoms such as emptiness, depression, vocational and relational problems (often not specific) and usually an idealized account of their early years (Wolf, 1988).

A distinction needs to be made between disorders “of” the self and disorders “in” the self. The former refers to fragmented self-structures whereas the latter contains a self, however fragile it may be. Even in a cohesive self-structure, loss of cohesion brought on by trauma and an impoverished selfobject matrix may result in fragmentation later on. The level of fragmentation that occurs at a given point is dependent on factors such as level of self pathology (on a continuum), and availability of selfobjects. It does not necessarily imply self-disintegration. Fragmentation should be seen as a normal process that most people are able to recover from and return to their former levels of functioning, and not as something intrinsic to disorders of the self (Wolf, 1988).

When our selfobject needs have not had the opportunity to undergo developmental modifications and so are still archaic and primitive, our efforts at establishing mature relationships are recurrently thwarted as our needs express themselves in immature and

defended ways. Brooke, drawing on Laing's term, describes such patients as "ontologically insecure" (Brooke, 1992, p. 4). In order to protect from further disintegration or to ward off intolerable pain, immature or unhealthy defences are used. A number of defences such as a schizoid style, sadomasochism, denial, projective identification and avoidance among others may be used. This is because the dread of disintegration or fear of fragmentation is so intense that the person will act out but also will refuse to engage the primary trauma. In this way our selfobject needs remain incompletely met, while our needs to be loved, cared for and admired exist throughout the developmental lifespan, though in ever increasing modifications.

It is in the analytic context that the patient can more freely express repressed or disavowed selfobject needs, in the presence of an empathically and subjectively involved analyst (selfobject role) who draws on her own affective experience in the room to understand the patient better. Significantly it is not solely through symptom presentation that such diagnoses are made but in the selfobject transference that manifests in the therapy (Kohut, 1977). The analyst's empathic stance becomes an important catalyst in the structure building process, which the patient now has the opportunity to reengage through sequences of empathy, disruption and repair (Teicholz, 2001). In situating the analyst's empathic involvement as indispensable to the structure building process, Kohut "positioned himself as a clear forerunner of the contemporary intersubjective viewpoint within self psychology (Teicholz, 2001, p. 12).



## **THE RELATIONSHIP BETWEEN SELF AND OBJECT, SELF AND OTHER - NOTIONS OF SUBJECTIVITY.**

Addressing the relationship between self and object from a different angle is Jessica Benjamin's outline of intersubjectivity, which she explicitly states is different from the intersubjective theorizing of Stolorow and Atwood "defined as the field of intersection of two subjectivities" (Benjamin, 1990, p. 184). Like Kohut, Benjamin's theory is a developmental one, premised on a series of key transformative moments that lead to the capacity for mutual recognition, which for Benjamin is the essential criterion for the setting up of human subjectivity. In a critique of and a departure from intrapsychic theorizing in setting up the development of selfhood or subjectivity, Benjamin argues it is not only object usage but also object relating that is important. She states that traditional intrapsychic theories fail to elaborate the difference between the object and the real other. She states that object relations theory only encompasses a relation between other and self where the other is made object. Such theorizing fails to recognise or to question the fact that the other is used as object without its own subjectivity being given due recognition, a process which interferes with the ability to relate intersubjectively (Benjamin, 1990).

Gerhardt and Sweetnam define 'object' according to their understanding of Benjamin's use of the term as referring to a "mode of relating to other as constituted by unconscious fantasy," including needs, wishes and defences, therein rendering the other within the self's control such that "the other never escapes the self's omnipotent rendering" (2000, p. 11). 'Other' refers to the "real" outside other with her own unique subjectivity and individuality. In the case under discussion it is important to note that it is object usage, not object relating that characterized the relationship between Karen and Layla.

Traditional understandings of the relationship between object and subject have generally maintained the “parasitic” relationship described above. In contrast this thesis acknowledges with intersubjective theorists, that it is important that we rethink our notions of how we conceive of the relationship between object and subject. Benjamin (1990) argues that both the object and the subject should be given equal recognition, therein valuing both forms of relating; namely, object usage and object relating. These constitute intrapsychic and intersubjective modes of relating respectively and should be seen as complementary to each other. In order for the self to fully experience his/her subjectivity he/she must recognize the other as another subject as opposed to mere object. This process, which she terms ‘recognition’, is important in granting to the mother her subjectivity (as opposed to her being seen as a conveyor for the subjectivity of the self). Object relation theories conceive of the internalization of the object as leading to greater autonomy for the subject. Benjamin sees this as a problematic and infantocentric conception as it only privileges the emerging subjectivity of the infant. Benjamin’s intersubjective theorizing is predicated on mutual recognition, which is essentially an attunement to each other. Through enjoyment of the other’s responses we engage in an act of recognition of the other. Stern and Beebe (in Benjamin, 1990) have stressed the importance of mutual recognition in early development where self-regulation is achieved through regulating the other.

In tracking the developmental trajectory of this process Benjamin says that intersubjective relatedness starts roughly at about 8-9 months and is characterized by the child’s interest in the other’s (usually mother) response to its activity. Teicholz, (2001) drawing on Stern’s work with infant development, offers a contrary argument, and suggests that at this early stage the infant is unable to meaningfully process the idea of the mother as a separate subjectivity. However Stern’s (incorporating the Process Study

Group) findings suggest that even at this early stage the infant may have an awareness of a “shared implicit relationship” (in Teicholz, 2001, p.23) between itself and the mother. A malattuned response causes anxiety and distress, impeding further exploration, as the child is anxious to lose sight of the mother’s presence. Exploration is enhanced as the child feels safe in the security of the other’s presence, and so secure enough to explore. Increased exploration leads to greater independence and separation, an important developmental outcome for the child. Simultaneously or consequently a tension arises between the two states of recognition and separation. Benjamin (1990), states that the self wants to be recognised but does not want to show that it invites this attention. This is similar to Freud’s narcissism, expressed through the omnipotence of the self in its belief that it is most powerful and special. The dilemma at this point for the self is that “in the very moment of realizing our own independent will, we are dependent upon another to recognise it, we see that separate minds can share similar feelings but we also begin to understand that these can differ” (1990, p. 190). Benjamin (1990) states that the challenge for the mother is to balance assertion and recognition -to insist on her own independence and respect that of the child. While the object relations framework falls back on the achievement of object constancy as the resolution to the conflictual feelings felt by the child in response to the mother’s assertion, Benjamin believes that such a resolution fails to address the importance of the recognition of the mother’s separateness.

Benjamin’s criticism of the above resolution is that the child needs to acknowledge that its mother is separate, with her own subjectivity and centre, just like the child. In order to explicate her understanding of this process Benjamin draws on Winnicott’s idea of destroying the object. This she states is conceived of as negation in the Hegelian sense, “that is in the mental act of negating, or obliterating the object, which may be expressed

in the real effort to attack the other, we find out whether the real other survives. If she survives without retaliating or withdrawing under the attack, then we know her to exist outside ourselves, not just as our mental attack” (1990, p. 192). This process is accompanied by not only a deeper appreciation of the other but portends to an ability to engage with reality in a more meaningful way, a recognition of the subjectivity of the other, which is like our own. Benjamin highlights the complexity of the process in delineating that it involves “not simply reparation or restoration of the good object, but love, the sense of discovering the other” (1990, p. 193). In drawing on Winnicott’s emphasis on a perception of reality that transcends linear opposites of good and bad, but is premised on a love of the other, the outside world, Benjamin suggests that the intrapsychic ego has reality imposed from outside whereas the intersubjective ego discovers reality. She affirms her belief in the fact that for her this reality principle is not simply a detour to wish fulfillment but reflects a continuation of the infant’s interest in the outside world. For her it is in recognizing the other’s difference and uniqueness that makes separation a positive experience. In setting up a healthy and vital relationship or tension between connection and independence, ultimately between object and other, Benjamin concludes that “to the extent that mother herself is placed outside, she can be loved; separation is then truly the other side of connection to the other” (1990, p. 193).

Benjamin offers a practical illustration of how the child comes to perceive mutuality as a concomitant of separation - through cross-identification - which is the ability to place oneself in the position of the other and is premised on an empathic understanding of the near sameness of inner experience. The two year old child gradually identifies with the mother’s subjective experience of being separate and different from the infant, moving from its world of control to one of shared experience, to being able to understand her reality. This shared feeling adds to the idea of object constancy as the infant recognizes

that separation and connection are interlinked. The movement from complementarity to mutual understanding signifies a fundamental step in the breaking up of the infant's omnipotence. The ongoing tension between complementarity and mutual recognition provides the restoration of the balance between intrapsychic and intersubjective realms. When for various reasons the opportunity or the ability to counter the other's reality is not accompanied by his/her survival, the process of intersubjective discovery is interfered with and defensive processes are necessitated. The child's negative affect or angry, aggressive feelings remain and are internalized. The challenge of how to dispel the bad or negative feelings remains. Benjamin (1990) makes the valid point that certainly not all such internalization is negative but to the extent that intersubjective reality is lost to an intrapsychic world and the balance between fantasy and reality is suspended, it is problematic. Sweetnam and Gerhardt, in commenting on Benjamin's theory, state that at this point "without the delicate balance or 'essential tension of mutual recognition' - the sense of omnipotence survives either projected onto the other or assumed by the self" (2000, p.12). The failure to make the transition from intrapsychic to an intersubjective-intrapsychic conception of reality provides the fertile bases for sadomasochistically organized object relations, which I will elaborate on below.

## THEORETICAL CONTRIBUTIONS TO AN UNDERSTANDING OF SADOMASOCHISM

Using the intersubjective framework described above, Benjamin (1990) conceives of sadomasochistic object relations as a failure in recognition of the subjectivity of the other. The other is recognised as an object in the service of the self, either as an extension of the self and so under the sadistic control of the self, or alternatively the object is the controlling agent with the self subject to the tyranny of the object. The latter stance manifests in masochistic object relations with the self in part inviting suffering and pain.

Writing from a self psychology stance, Ornstein asserts that in analyses, personality functioning is illuminated to the extent that specific types or “particular descriptive diagnoses in general use” (1991, p. 378) recurringly come up, warranting typologies for them. In delineating the sadomasochistic presentation as an example of personality types or defence organizations, Ornstein states that the sadomasochistic presentation has been re-labeled the self-defeating personality type. While the change in nomenclature is related to a refutation of the historical association of the term with psychoanalytic arguments on female sexuality, the emphasis remains on a “pervasive pattern of behavior that is self-defeating” (Ornstein, 1991, p. 378). Self psychology’s understanding of the masochistic presentation interprets the pervasive pattern of self-destructive acts, in short the “tendency to direct that which is destructive, painful or humiliating against oneself” (Ornstein, 1991, p. 379) as arising from efforts (unsuccessful) to gain responsive and affirming feedback from what is experienced as a critical and hostile environment.

With the exception of classical drive psychology’s emphasis on masochistic behavior as the expression of aggressive and sexual drives (albeit in disguised form), other

psychoanalytic theories also locate disturbed child-parent relations as the heart of this behavior (Ornstein, 1991, p. 379). A more nuanced understanding comes from Rhode-Dachser (1999). Her work with three patients whose dominant defence or symptom pattern was masochism, draws on the theory of Balint who argues that the primary concern of the sadomasochistic patient is the “wish to be noticed, the wish to be understood” or is an expression of “the wish to be recognised”(in Rhode-Dachser, 1999, p. 116).

The intersubjectivists, among them Stolorow, Atwood and Brandchaft suggest that masochism is the often futile attempt to create structural coherence and a positive affective presentation when the self threatens to fragment (in Rhode-Dascher, 1999). The masochistic endeavour acts therefore under the guise of a compensatory structure (although not helpful) in Kohutian terms as through acute pain it seeks to enliven a deadened sense of self. Brenman suggests that sadomasochism is an embracing act, encapsulating multiple functions and therefore the notion of a unitary treatise is a simplistic one. Writing from a self psychological stance she cites anxieties such as fear of enfeeblement, depletion, fragmentation and disintegration (in Ornstein, 1991, p. 380). From the self psychological framework, sadomasochism is therefore understood as an attempt to compensate, however poorly, for structural defects of the self. Benjamin on the other hand conceives of sadomasochism as an outcome of the failure of the self to negotiate intersubjective relating as opposed to just intrapsychic relating. In denying the subjectivity of the mother, or when the mother’s subjectivity fails to elucidate itself for whatever reason, the infant is left with negative feelings that are internalized. The inability to successfully dispel the negative and aggressive feelings expresses itself in sadomasochism (1990).

Finally, from the vast body of literature and research into sadomasochism, is the conclusion that the “correlation between the two terms of the pair is so close that they cannot be studied in isolation either in their genesis or in any of their manifestations” (Laplanche and Pontalis, 1980, p. 402). It is indeed significant to note that this was recognized by Freud himself when he noted that “A sadist is always at the same time a masochist” (in Laplanche and Pontalis, 1980, p. 402). Similarly the deployment of the terms in this thesis reflects the above usage.

## **THEORETICAL UNDERSTANDINGS OF THE EXPRESSION OF HATRED**

In the psychoanalytic literature words like hate, hatred, rage and anger are used interchangeably even though they have significant semantic differences. Rage is an expression of frustration, especially the tantrums and protests seen in young toddlers. The self psychologists extend its meaning to include the sense of a narcissistic injury or wound to the self, causing shame and humiliation. Anger is understood as a response to frustration but usually abates once the frustration is taken away. Lichtenberg highlights the distinction between hatred and hate. The latter is “to feel an intense aversion, to detest, abhor” whereas hatred is “a strong aversion or detestation coupled with ill will” (in Lichtenberg, 2000, p.374). The strong and malevolent intent to act on the feeling is what distinguishes hate from hatred. A further distinction is that anger, rage, fear and hate are affective states of both infants and adults whereas hatred is a “later development requiring maturation of the brain and the development of crucial cognitive capacities” (Lichtenberg, 2000, p. 374).

Lichtenberg (2000) describes a motivational system model of hatred. In early infancy an aversive motivational system develops in response to the need to react with antagonism



or withdrawal to any stimulus (external/internal) that is dystonic. Caregivers who respond in comforting ways by containing the distress will have infants with an aversive system that will be organized around effective signaling, especially for empathic responses. This is in contrast to infants who are given inappropriate responses and organize their aversive systems accordingly, a difference well picked up in children's responses to the Strange Situation (Lichtenberg, 2000). Appropriate responsiveness to the infant's needs enables the regulation of his/her physiological requirements, attachment pattern, and exploratory and sensual behaviors. Infants who are regarded as insecurely attached have an aversive system that rapidly reorganizes itself so that needs and desires in any or all of the other motivational systems may recall persistent negative affects. The need for sensual pleasure might recall an experience of shame whereas exploratory desires might arouse a feeling of abandonment or frustrating failure. Attachment needs may evoke an expectation of anger or avoidance. Lichtenberg argues that the degree or intensity of these templates will vary, depending in part on a host of factors such as temperament, intelligence and the balance of good enough experiences from others. Sadly, prolonged disturbing intersubjective experiences between the child and caregiver will result in aversiveness as a response being fixed at a neuropsychological level and so are readily recalled in response to any aversive stimuli or a perception of aversion in the environment (Lichtenberg, 2000).

Gabbard (2000) critiques Lichtenberg's model and instead he argues that hatred requires an external situation, has a biological basis but is evoked by circumstances. He also disagrees with the time period that Lichtenberg suggests by pointing out that hatred is a later cognitive development requiring central nervous system maturation (Gabbard, 2000). Furthermore to express hatred means that one has an internalized object as "to hate is to hold onto an internal object in an unforgiving way" (Gabbard, 2000, p. 410), a

state dependent on the achievement of important cognitive capacities. Notwithstanding Gabbard's comments, I believe that Lichtenberg's model is valuable in drawing attention to the relative permanence of hatred through it being established at a neurological level (and also called up in response to external cues) and thus not readily amenable to change. Secondly, Lichtenberg sees the development of hatred in tandem with the development of key motivational systems, an early construction that helpfully explains the pervasive impact of hatred. Finally, ongoing infant research continually demonstrates the sophistication of emerging cognitive structures within the first year, lending support to the time period Lichtenberg suggests.

Other understandings of hatred include Bollas's term "loving hate" to describe the "situation where an individual preserves a relationship by sustaining a passionate negative cathexis of it" (in Gabbard, 2000, p. 417). Hatred becomes for many patients the substitute of love and it may be preferable to being ignored or abandoned.

Gabbard believes that when working with hatred it is important to recognise the meanings underpinning the malevolence and to work empathically in understanding the source of the hatred as it is usually a defence against being hurt or forgotten. Gabbard makes the important point that it is necessary to make an authentic connection with the patient as he/she has a heightened sensitivity to an inauthentic stance from the analyst, which could also sabotage an intervention and the patient's already fragile trust. He argues against transference interpretations of the hate as opposed to empathic validation and affirmation. In support of these claims he cites as evidence the findings from their Menninger Treatment intervention in which they studied the audiotaped transcripts of the psychoanalytic psychotherapy of borderline patients. They found that interpretations of

the hate, as opposed to empathy and validation, worked against a therapeutic alliance (Gabbard, 2000).

With regard to the expression of hatred in the analytic space, Kernberg (in Lichtenberg, 2000) argues that the analyst becomes the receptacle for the patient's utterances across self - boundaries. Lichtenberg (2000) disagrees in that he feels that the analyst's countertransference response is usually an individual reaction to the stressful role of being an observer and/or recipient of the patient's preoccupation with malevolence. Winnicott (1958) on the other hand argues that it is difficult to work with hatred unless the analyst is aware of his/her own feelings of hatred. He states that the analysts should be aware of their own countertransferential feelings (the analyst's own therapy should be used in this regard). When hatred is expressed it is not unusual for it to occur in conjunction with expressions of love. Still it is necessary for the analyst to be prepared to have such aversive feelings attributed to him/her and to tolerate the discomfort without denying their own feelings of hatred. Winnicott argues that while objective hatred for the client needs to be interpreted, it is not possible to do this with all clients. Some have had deficient early experiences and will draw on the analyst to supplement these for them (Winnicott, 1958).

Lazar believes that the task for the analyst is to determine the subjective meanings behind the expression of hatred (in Lichtenberg, 2000). This approach dovetails with earlier discussions regarding the causes and approaches concerning sadomasochism. Sadistic responses are akin to expressions of hatred. In this vein Lazar raises the possibility that hatred could be a representation of motivational needs that the patient wants the therapist to recognize. It could also be a disavowal of unmet needs. Alternatively it could be an expression of a need for someone to acknowledge the tragedy that has occurred in the

patient's life, or an attempt to manipulate the therapist into a reenactment. Lazar believes that an active, containing, limit-setting approach is helpful in making an empathic entry into the thwarted longings that lie behind hatred. The ability to set limits has to be circumscribed by the clinical presentation one is confronted with (in Lichtenberg, 2000).

## **TRAUMA AND ITS IMPACT ON THE ANALYTIC RELATIONSHIP**

Intersubjective theorists, Stolorow and Atwood (1992) have elaborated and extended Kohut's understanding of trauma to say that what is considered traumatic for the child is not the nature of the event but the failure of the environment in being able to help the child manage intolerable affect states. Their theorizing on trauma and its impact on psychic development is helpful in a number of important ways, which will be illuminated shortly. They differ from the Freudian understanding (drive theory), which argues that psychic trauma resides in an excess of instinctual energy, which the drive apparatus is unable to manage. Atwood, and Stolorow argue that "the essence of trauma lies in the experience of unbearable affect" (1992, p. 52) and is not a condition of the quantity or level of affect but is related to the ability of the child-caregiver system to regulate or manage the affect. Trauma in this way is a product of a poorly regulated parent child dyad failing to provide affect attunement, leading "to the child's loss of affect regulatory capacity and thereby to an unbearable, overwhelmed, disintegrated, disorganized state" (1992, p. 53). This is in large part due to the fact that the child has not been able to successfully manage (dependent on caregiver's assistance) the ability to tolerate painful affect nor is able to use affect as a signal of distress. Instead, affects when they are felt will cause or bring on traumatic states. As a coping strategy the child may forego hope

and trust in others and instead develop a pessimistic outlook in terms of anticipating negativity.

The intersubjective theorists make the salient point, which is in many ways the hallmark of their theorizing, that the child's experience of its surround's inability to help is then laid down within their psychic structures, as an internal working model with regard to trust. They state that "developmental traumata derive their lasting significance from the establishment of invariant and relentless principles of organization that remain beyond the ...influence of reflective self-awareness or of subsequent experience" (1992, p. 55). The child disavows his/her painful reality as it has not been acknowledged, recognized, seen, and instead may feel that the reason for that has to do with shameful defects or an inadequate or unworthy self. In establishing these overarching stable and often invariant principles "which often entails wholesale substitution of the caregiver's subjective reality for the child's own, [this] both preserve [s] the tie to the injurious or inadequately responsive caregiver and protect [s] against retraumatisation" (Stolorow and Atwood, 1992, p. 55). These principles operate as unconscious detectors, ever ready to institute defensive actions against current or future events that may resemble or replicate the original trauma. Retraumatisation occurs under two conditions; either a close replication of the original trauma occurs or a loss of a viable alternative mode of organizing experience occurs (Stolorow and Atwood, 1992).

Intersubjective theorists see the analytic relationship as a powerful catalyst in retraumatizing the patient in that painful thwarted developmental yearnings are activated in the transference. Stolorow and Atwood (1992) argue that fear of retraumatisation by the analyst underpins the expression of resistance in the analytic space. The patient is sensitive to the manner of the therapist, their mode of inquiry and interest in the patient's

experience which “raises the specter of humiliating exposure and searing shame” (1992, p. 58). They also maintain that the patient’s efforts to disengage from his/her “affective yearnings” for a connection with the analyst is always “evoked by perceptions of qualities or activities” (1992, p. 59) of the analyst that resemble or call up the patient’s fears or expectation of childhood trauma. They argue that the analysis of resistance be granted saliency through recognition, inquiry and in the interpretation made by the analyst, with particular attention given both to intersubjective conjunctions and intersubjective disjunctions. The former describes those instances in which the organizing principles of the patient corresponds to similar principles in the life of the therapist, where the latter has to do with instances when the therapist alters material to reflect his/her organizing principles that are dissimilar from those of the patient. The presence of both these situations are common in therapy but their successful resolution depends on the ability of the therapist to develop a healthy self- reflexivity with regard to his/her organizing principles. Stolorow and Atwood believe that these situations can be used to promote empathy and insight in the therapy and that the rupture is best worked with from an intersubjective perspective (1992).

The implication of the intersubjective theorists is that all levels of pathology and developmental failures can be addressed in the analytic encounter. Their optimism is tempered by those who insist on assessing the structural considerations of the self. Kohut acknowledges that it is important to address traumatogenetic developmental failure in the transference with the insight that “the analyst is not the screen for the projection of internal structure...but the direct continuation of an early reality that was too distant, too rejecting or too unreliable” (in Stolorow, 1992, p. 57). Similarly Winnicott understands analytic disruptions in this way: “the reaction to the current (analytic) failure is the original environmental failure from the point of view of the child” (in Stolorow, 1992, p.

57). But both these theorists are cautious with regard to preempting the manifestation of these situations by their view that certain self pathologies are not indicated for analyses. As described earlier Kohut has cautioned against undoing a defensive system that holds a fragmented self together while Winnicott argues for managing the patient who has not had sufficient holding in infancy. In managing a patient Winnicott (1955) cautions against regressing the patient to an earlier infantile state as such a patient does not have an observing ego and so is unable to recover from the regression. Writing in a similar vein, Brooke maintains that “error of judgement concerning structural resilience can have serious therapeutic consequences” (1992, pp. 2-3) and cites several examples of the implications of poor therapeutic judgement regarding the suitability of the patient to work in analyses.

## **Summary**

In essence, the theories described and discussed above provide me with a filter through which to understand the case material presented in this thesis. Although I locate myself within the self psychology framework, I have also drawn on a range of other psychoanalytic theories for their potential to clarify and enhance understanding of not only the material but also my work in the room. This is clearly demonstrated for me in the sections concerning hatred and sadomasochism where I have not readily aligned myself with a single theory.

## Chapter Three

### METHODOLOGY

This chapter will articulate the characteristics of the single case study; the methodological design employed in this thesis. The purpose of the present research, which is to describe an unusual yet fundamentally necessary therapeutic intervention, is studied in light of the methodological principles of case study research.

While the case study has only recently come into prominence as a research method alongside others, (Yin, 1984) it has always been lauded for its value in being able to provide an in-depth and thorough study of a single case. In this way it has ably provided researchers with a valid alternative option to other research methodologies, especially when their deployment may reflect an inappropriate or unlikely choice for the material under study. Stake emphasizes this quality in his defining the “case study as the study of the particularity and complexity of a single case, coming to understand its activity within important circumstances” (1995, p. XI). The case study method pertains to a probe and an effort to grasp realities that are sometimes elusive, often complex and always personal. Though it is intimately bound up with other modes of reality such that “thick description, experiential understanding, and multiple realities” are commonly anticipated, it recognizes that the “pursuit of complex meanings cannot be just designed in or caught retrospectively” (Stake, 1995, p. 43). In this thesis the case study method was therefore deemed most suitable in enabling one to engage and understand the complex myriad of dynamics involved in “this case” as opposed to trying “to understand other cases “ or other families (Stake, 1995, p. 4).



In endeavoring to understand and engage with the case material in as detailed and intimate a manner as is permitted by this research methodology, it is imperative that the role and position of the researcher be clarified. Yin states that the nature of case study investigation encompasses a blurring of boundaries between context and phenomenon. This is especially with regard to the researcher who becomes part of the context by virtue of studying the phenomenon from within the observational field as opposed to the more traditional stance of the objective researcher positioned outside. Case study research that places the researcher within the observational field recognizes generally, but more specifically as it applies to the field of psychology, that that which is under perusal includes the “subjectively experienced mental states of the analytic team, that is, the analyst and analysand” (Wolf, 1988, p. 18). This will include psychoanalytic elements such as countertransference and therapeutic disruptions relevant to the discipline of psychology and as they apply to this case.

In spite of this, the position of the researcher within the observational field, as opposed to outside, remains for many the failing of the case study methodology. Alderfer has responded to this criticism by labeling the inclusion of the researcher as “self effects” and argues for an acknowledgment that while the personal and professional identity of the researcher is often blurred, it remains hidden and suppressed by conventional positivist methodology (1984, p 37). In this thesis, this has to some degree to be underscored by the fact that my work was keenly supervised by a group of experienced clinicians. Moreover, other modes of research remain susceptible to extraneous variables that include the subjective identity of the researcher. Intrinsic to the analysis is my role in eliciting feelings, together with comments on them and on the process that ensued.

In motivating for the choice of the case study over other methodologies Yin (1984) points to its value in exploring material that will pave the way toward understanding “why” and “how” a subject behaves or engages in a particular way. In such an in-depth focus it is not possible for population generalizations to be made although theoretical propositions may be modified through counter-evidence. The case study, unlike other research methods, is not overly concerned with the general but with the specific, that is, the particularities of a single case and an interest in understanding what is happening (Stake, 1995). In permitting circumstances to develop “naturally” the case study plays a valuable role in generating and revealing new and significant hypotheses that may not have been uncovered in a more controlling investigation (Neale and Liebert, 1986). Intrinsically related to understanding is the interpretation made by the researcher who remains mindful of its impact on the material. Stake considers interpretation to be the hallmark of qualitative research and while the emphasis is on the interpretations made, the skilled researcher does “try to preserve the multiple realities” through conscientious execution of his/her subjective judgement (1995, p.43).

The case study uses or tends to foreground either the case itself or issues pertinent to the case as the unit of analysis. The potential of the case as an imperative, unique or revelatory example in the nexus of topical scientific interest and understanding, impacts on which unit or units of analysis will become the focus of the research. This research uses the methodological principles described above. The case study design was considered appropriate for this case as the issues were imperative and the outcome revelatory. It afforded me with a rich opportunity to work with the unique constellation of a combined presentation of hatred and sadomasochism emerging from an early history of multiple trauma. Here I refer to the impact of Karen’s hatred and masochistic stance towards her daughter, manifest in acts of abuse and murderous impulses, together with

her seeing herself as the one afflicted. In consideration of the ubiquitous practice of mothers taking on and remaining the primary caregiver of children, it is rare for a father to become the primary caregiver except of course in the instance of maternal death.

Stake (1995) maintains that when we study issues we are attempting to understand dynamics that are intricately and sometimes disturbingly wound up within political, social, economic, historical and personal contexts. In the case under discussion one sees that personal issues are bound up within economic and social contexts, and all three together have played a significant role in determining the outcome. Using the case study methodology is an invitation to understand reality from multiple vantage points, including philosophical, social and psychological ones.

Understanding is central to qualitative research under which the case study is subsumed, and is contrasted to the emphasis on explaining, characteristic of quantitative research. While understanding is not exclusive to the former, it does lend itself to a more thorough in-depth and open-ended process. Here Stake also emphasizes an empathic stance that is enabled through the “thick description” made possible by this methodology, which also permits the reader an empathic entry into the case (1995, p.39). In foregrounding empathic relating and understanding, Dilthey (in Stake, 1995) believes that the case study methodology correctly cautions against a search for fixed causes to human behaviour.

The rich material generated through understanding can be conveyed through testimonies, key episodes and/or narratives, as opposed to quantitative methods that draw on scales and measurements. In the case under discussion I have presented the material as a narrative. Key episodes are highlighted with the purpose of not only illustrating the unusual presentation of the material but with the more important purpose of

demonstrating the potential and possibility that psychotherapeutic interventions can give rise to under arduous circumstances. The advantage of this was a detailed and hopefully evocative rendition of feelings, behaviours and events enabling one to interpret, thematize, analyze and engage theoretically with the material. Writing up this case also provided me with an opportunity to reflect on my development as a psychologist and afforded me the opportunity to use both the emotional and intellectual resources available to me through my training institution, namely the Child Guidance Clinic, University of Cape Town.

The therapeutic process described in this case study spanned a 12 month period starting in June 2002 and culminating in a termination session in June 2003. Sessions were held once a week, although situations did arise where I saw more than one family member in a given week. There were missed sessions, with the reasons for this explained in the analysis section. Over and above the missed sessions an unfortunate and unacceptable two- month break in the therapy occurred over the new- year period. Therapy was conducted from the Child Guidance Clinic in 2002 and from my internship placement, namely a state hospital, in 2003. The therapy presented here is a psychoanalytically informed one. Detailed notes of the sessions were kept. Throughout the entire period I received supervision from a host of people depending on availability and placement context. Those who supervised me in the hospital setting tended to work within an object relations perspective whereas the supervision I received from the clinic came from supervisors who either worked in an object relations or self psychology perspective. Despite their differing theoretical perspectives it was heartening to see that they were always in consensual agreement regarding this case. The support I received from my supervisors helped maintain my confidence in my work during difficult times and showed

me the value of drawing on the experience and support of a more experienced group of clinicians.

All the Child Guidance Clinic's clients are alerted at the outset to the possibility that case material might be used for research and training purposes. They sign permission for this. This research activity seeks to place itself within the tradition of ideas expressed by Bollas and Sundelson (1995), Casement (1985) and Malan (2001) who all published their case material without seeking specific permission from their clients. They were painstaking in their efforts to conceal identifying details and to communicate the lives of their patients with sensitivity and respect. Despite the difficult nature of the material that is sometimes conveyed in this thesis, I have endeavoured in all respects to follow their lead.

University of Cape Town

## Chapter Four

### CASE HISTORY

Layla and her mother, Karen Jacobs, presented at the Child Guidance Clinic in June 2002. They were accompanied by Andre (Karen's live in partner) and Cyndee (Karen's destitute niece) in accordance with the clinic's regulation that all persons living in the home of the index patient attend the first session. According to the referral card available to clinicians before the appointment, Karen had sought help for what she described as behavioral problems displayed by Layla both at home and at school. She stated that she had turned to the clinic in desperation as the school had threatened to demote her daughter if her behavior did not improve. Karen was mostly vague regarding Layla's presenting behavior except to say that she was cheeky and defiant, did not do her schoolwork and would pick fights with the other children. What she did communicate very clearly was her difficulty in being able to respond appropriately to her daughter. I understood Karen to be saying that she did not like her daughter and that if help were not made available then she would harm her daughter in some way. When she went on to say that there were days that she thought that she would kill her, this sense deepened.

Layla presented as an attractive, confident thirteen - year old with bright brown eyes, dimpled cheeks and soft dark brown hair. She was dressed in fashionable cargo trousers and a jersey, giving the impression of a very *hip* teenager. Karen is a very attractive woman with pale fair skin and glossy black hair in sharp contrast to her deep set blue eyes. However there was something shocking in her appearance on that day, the pallor of

her skin contrasted with the darkness of her hair and this together with her ostensibly brutal admissions made her appear quite scary and callous. Cyndee, who is Karen's deceased sister's daughter, in contrast to Layla, presented as a timid and forlorn young ten - year old child with curly light brown hair, fair skin and blue eyes. Despite the common lineage shared by the three females in this group, they did not impress as coming from the same family in that they did not resemble each other. It is also significant in that as will emerge later on, their life paths have markedly diverged from what is usually expected when women are brought together by their common matrilineage. Andre was dressed in a leather jacket and trousers and wore his hair in a ponytail.

From the outset it became obvious that what was being described as behavioral problems displayed by Layla mostly at school, but also in the home, was in fact more accurately reflective of a ruptured mother-child relationship. According to Karen, Layla displayed behavioral problems at school characterized by a refusal to attend to her studies, as well as incessant provocation in relation to other children. She stated that Layla was willful, argumentative and threatened to hit other children. Similarly she and Layla did not enjoy a good relationship. Layla was defiant and spoilt and would not defer to the authority of her mother. When asked to perform chores, Layla would refuse to do them or would defiantly challenge her mother regarding what she perceived as the unfairness of the task. She openly communicated her frustration going as far as to say that she did feel hate for her daughter, especially when the latter was so trying. She stated that she was desperate, as she feared the extent of her anger toward her daughter. She said that there are times when I do worry that "I will kill her" and admitted to hitting her daughter over the head with a plate. Karen's stark and painfully open admissions of her struggle to love her daughter were a jarring experience for me, but in her honesty she communicated some of

her desperate inner struggle and alerted me to the possibility of an attachment disorder between mother and child. In Karen's brutal explication of her relationship with her daughter it was easy to dispel an earlier hypothesis of conduct disorder or intellectual disability.

Layla, on the other hand, was able to give a startlingly accurate account of her understanding of the difficulties in her environment and could justify her behaviours. She appeared to have sufficient grasp of the "roughness" of their home environment, which included alcoholism, verbal conflict, financial difficulties and her mother's disturbing relationship with her which veered from loving to rejecting and abusive. Layla tearfully stated that she behaved in disruptive ways because she felt unloved and recognized that things at home were not all right. Throughout this interaction in which Layla communicated suicidal thoughts and admitted to running away out of despair for her difficulties at home, Karen appeared calm and did not offer counter-arguments or a defense of herself. She maintained a belief in her position and seemed desperate for help. Both directly and indirectly she seemed to be asking us to support her in what she believed was her justifiable position in not being able to love her daughter.

Layla's desperate plea for help seemed to resonate with my own organizing principles regarding rescuing and sought to address it. At the same time Karen's desperation communicated itself openly and without recompense, and despite the insanity lodged in her request, she needed to be heard. My spontaneous countertransference response of horror to such child -parental conflict was tempered by my own unconscious sense that Karen was communicating her own hurt and need for looking after.



In order to track the disjuncture in their relationship I asked Karen for background information on herself, Layla's father and most significantly Layla. To adequately locate Layla within the nexus of her parent's personal and shared history it is relevant to start with their histories. It is important to note that from the outset contradictions and discrepancies, which she herself seemed oblivious of, marked Karen's presentation. In keeping with the features of Karen's own disordered attachment history (Fonagy, 1999), her memories were vague and spoke of global experiences rather than specific incidents. She tended to gloss over events and was not able to present the feelings clearly. There was a discernable lack of clarity with regard to event and incident, and her account of her first ten years was presented as idealized.

Karen's mother died of cancer when she was ten years old. Since that time her father has had 11 marriages which had subjected her and her two siblings to abusive and neglectful parenting, together with the lost opportunity for a successful resolution of the bereavement of her mother. She was vague regarding her relationship with her mother, except to say that the first ten years of her life were very happy. Karen stated that her father was often not home and that they were abused and neglected by his many wives. According to Karen, these marriages seldom lasted long and she recalled a distressing weekend in which her father got divorced on the Friday only to get married to someone two days later, on the Sunday. Karen seems to have started drinking and early dating to cope with her feelings of loss and abandonment. Her other siblings appeared to have coped in other equally distressing ways. Her brother, whom she described as a loner, committed suicide in 1999. She was not clear whether or not he had been actually diagnosed but believes that he was a schizophrenic patient. Karen has herself attempted suicide twice and admits that she has recurrent suicidal thoughts. Her sister, Cyndee's mother, had died of cancer two years before, resulting in Karen taking Cyndee in. From

Karen's account of her sister there is a suggestion that the latter had been involved in prostitution and that relations between her and Karen were hostile.

In 1984, at the age of seventeen Karen met the man who was to become her first husband, fell pregnant and then married him. The relationship was a physically abusive one and after about two and a half years Karen divorced him. She had other abusive relationships and in 1988 met Rashied who represented a relationship in which she was not physically abused. In 1989 Layla was born and Karen felt that she had finally met a man who would love her properly. However Rashied was unfaithful and soon after Layla's birth their relationship ended. Karen was left alone and struggled to cope with raising her two children. Close to Layla's third birthday she (Layla) contracted meningitis and was hospitalized for about three months. Karen described this as a very traumatic period for her. She spent a considerable time at the hospital, very often sleeping in the ward with Layla. When she recounted this experience I was afforded a clear sense that Layla's illness brought home a terrifying fear of death for her. According to Karen, when Layla was eventually discharged from hospital she tended to spoil her daughter by acceding to her demands. She said that she did this because Layla's illness had brought her close to death and so she clung to her daughter through spoiling her.

Around the same time she met another man, who soon after they had become romantically involved, was both unfaithful and aggressive to her. In 1993, unable to cope with what she described as a child who had become spoilt and rude, she sent Layla to live with Rashied's family. However she missed her daughter and had her brought back home after a year. At this point it is useful to note the significant separations and ruptures in the mother-child relationship for Layla as well as a repetitive pattern from Karen's own experience being reproduced in her relationship with her daughter. Throughout this time

Karen moved around, living in different areas in and around the city as well as the east Coast. In 1999 she left the abusive relationship and married someone else and moved with her new husband to the west Coast. Her new husband was abusive toward Layla, and Karen gave an example of him placing Layla's hand into a cactus plant. To protect Layla from further abuse she left this husband as well. In 2001 she met Andre and shortly after this they started living together. Up until this point, Anton (her older child) and Layla lived with the couple. Anton was at this time a seventeen year old boy who had already fathered a child, and tended to spend most of his time with the mother of his child. Karen admitted that her son lived independently of her, but conceded that he was often rebellious and aggressive toward her. In 2001-2 she took Cyndee in (then nine years old going on ten) and in 2002 she presented at the Child Guidance Clinic.

Layla's dad, Rashied, is 45 years old and employed as a motor assessor for Financial Limited, a position he has held for the past 11 years. In the interview he presented as a warm and charming man who admitted that Layla was not safe living with Karen. He is the youngest of four children. His father died in 1988 and his mother lives alone in Glenpark.

He appeared relaxed and openly volunteered information about himself and his relationships. He has three daughters from different women. He has been twice married and divorced. At the time of the interview he was involved in a relationship with a young woman named Chloe. Shortly after this meeting Chloe moved to London for a year. He admitted that he had always been concerned regarding Layla's living conditions and was aware that Karen was not able to provide a suitable home-rearing environment. He described numerous incidents of abuse and expressed concern about the impact of this on Layla. He stated that he would readily take Layla in. However, contact with Karen had

always been fraught with conflict and acrimony, and so he preferred not to have dealings with her. Apparently Karen had on numerous occasions asked him to take Layla in but when he made efforts to move her, Karen always prevented him from doing this. He was dubious regarding Karen's sentiments that she wanted to give Layla up.

Layla said that she enjoyed a good relationship with her father. She felt that he made great efforts to look after and provide for her needs. They had regular contact with Layla spending weekends with him and one of his two other daughters. Rashied said that he was determined to ensure that Layla had a stable upbringing, would receive consistent schooling and was given love and support.

Karen and Rashied had never married but lived together for a period of time before and after Layla's birth. Both cited different lengths of time spent together. Rashied was adamant that Karen was disturbed and not to be relied on. Examples of such behaviour included aggressive (physical) behaviour toward him and others, verbal abuse (expletives), alcohol abuse and physical abuse toward Layla. He appeared to be distrustful of her and preferred to limit contact with her. Karen on the other hand was more positive toward Rashied and did not really present him in a negative light.

Karen seemed to make all decisions regarding Layla's future such as the numerous school changes and discipline. Rashied stated that he would have preferred to be more involved in Layla's upbringing but felt that Karen was a volatile and disturbed person who acted without regard for others.

**Layla's Personal History**

Karen described her pregnancy with Layla as planned, a pleasant pregnancy and an enjoyable birth. She enjoyed her new baby and experienced little difficulty with bonding. She described Layla as a good and easy baby whom she thoroughly enjoyed. When it came to feeding, Layla was breastfed for a short while before being changed to formula. With regard to her physical development and milestones, Karen described Layla as a bright child who took her first steps when she was nine months old, and spoke her first words at about one year. Her sleep was normal and she did not have any elimination difficulties.

Layla's sickness history reveals that she contracted meningitis at around age three. The exact events surrounding this period remain vague and shrouded in confusion and esoteric overtones. Layla told the story as recounted to her by her mother. At the time they had lived next to a home for orphaned children. Someone in the home contracted meningitis and Layla was duly infected. Layla was one of the few survivors with approximately six of the nine children living in the home dying of the disease. Karen had communicated to Layla that her survival was therefore something of a miracle and attested to her specialness. However, as a result of the disease, Layla's legs were scarred. In one of our sessions Layla showed the scars to me. They looked like burn scars and covered both her lower legs. However I did not make further inquiries into the origin of the scars except to see it within the context of this complex mother daughter relationship.

In describing her daughter Karen said that Layla had always been a restless child who was easily distracted. Layla often bit her nails. Commenting on her peer relationships, Layla said that Cyndee was her best friend with whom she spent all her time and shared

her secrets. Layla seemed to be a fairly popular child who had friends whom she occasionally visited and spent time with at school. On her relationships with adults, she said that she enjoyed a good relationship with her grandmother, Rashied's mother, as well as other adult members of his family. She did not appear to like her mother's current boyfriend Andre, who lived in the home. She described him as selfish and unpleasant in that he tended to be spiteful toward her by refusing her luxuries and often complained about her to Karen. Commenting on both Layla's peer and adult relationships, Karen in turn stated that Layla was a disruptive child who antagonized others through teasing them. In defense of herself, Layla stated that she teased people to protect herself from their criticisms of the scars on her legs, and she did this mostly at school.

Layla's schooling history reflects an unstable pattern of numerous school changes, starting from a very early age. She attended the Strandlopertjie preschool for about two years, between the ages of five and seven. However during this period she was admitted to grade one and then asked to go back to preschool as the teachers felt that she was not school ready. She started grade one at Greendale Primary in Willowvale but was soon moved to Riempies High (both a high and a primary school) four months later due to a home move. Here she remained until grade three, when she was moved to Elin High (both a primary and a high school) due to a home move once again. During the same year the family moved to Lily River, and Layla was transferred to Lily River Primary. She spent two years at this school before moving to St Peter's Primary where she spent two years. Thereafter she was moved to Weylands and finally during the course of the therapy she was moved to Anthony Primary School as a result of a further home move. It was during her stay at Weylands Primary School that behavioral problems were noted, and a subsequent referral was made to the Child Guidance Clinic.

When Layla was brought to the clinic she was assessed for sexual abuse as well, given the abusive home and child rearing context within which she had been raised. While it is difficult to make a conclusive diagnosis of sexual abuse it was evident that Layla had been exposed to a home environment where sexuality and healthy sexual behavior had not been discussed. Instead Layla has been made aware of inappropriate sexual relations and was uncomfortable to talk about sexuality in the therapy. Her reticence and her wariness are possible indicators not of sexual abuse per se but of growing up in an atmosphere of distrust and abuse, both emotionally and otherwise. To illustrate an example of the sexual atmosphere of the home, Karen described an incident (her example of naughty behaviour) in which Layla and Cyndee had stood outside her bedroom door trying to eavesdrop on her and Andre who were engaged in sexual intercourse.

Layla is not sexually active and expressed some discomfort about herself as a sexual being. On the other hand Karen showed that she could be protective of her daughter, although this was an inconsistent pattern. She discouraged her daughter from wearing seductive clothing, and steered her away from substance taking.

## Chapter Five

### THERAPY AND ANALYSES

In this chapter clinical material is presented and interpreted to demonstrate the pertinent issues involved in this case. In order to highlight the clinical decision taken to place Layla in the care of her father, and the sequence of events that followed, the material is presented in chronological order. What follows is not merely a summation of individual sessions but rather a focus on significant clinical material as it emerged in the course of a therapeutic intervention that spanned a twelve - month therapeutic process starting in June 2002 and culminating in a termination session in June 2003. I have focussed on my experiences not only of Layla and her family but also my clinical processing of the material, and here I have attempted to show the ways in which theory has been illuminated and informed by clinical work. This chapter will also address the problems encountered, the mistakes I made and the fact that a firm decision was made to break the frame, a decision taken in light of the fact that to do otherwise would risk sabotaging the entire intervention.

Layla Jacobs was assigned to me as part of a mid-placement evaluation regarding clinical work. Nothing could have prepared me for the disturbing presentation I was to encounter in the room that significant morning, or in retrospect for the “bittersweet” unfolding of events that would occur during my therapeutic involvement. As mentioned earlier, the family or the group of females and the only man made a striking presentation when I first introduced myself to them in the waiting room.

Twenty minutes later and after joining with the family (Minuchin, 1991), Karen despairingly expressed her difficulties in being able to cope with her “spiteful” and



“nasty” daughter. My ability to adopt an empathic stance (Kohut, 1977) was severely tested in that singular moment in which she expressed her hatred toward her daughter (Lichtenberg, 2000). In that first and in follow-up sessions Karen unequivocally expressed the sentiment that “I will kill her” in addition to recounting a multitude of other abuses toward Layla. What Karen expressed may be understood as a negative affect situated on a continuum with anger, rage and hate on one end and hatred on the other (Gabbard, 2000). However the level of abhorrence coupled with the intent to harm suggests that this was an expression of hatred (Lichtneberg, 2000). Layla functioned as both an abandoning internal object and as the external object of Karen’s hatred (Gabbard, 2000).

Cyndee, on the other hand functioned as the point of splitting for Karen, as she fulfilled the role of the good self, as opposed to Layla the bad self. The unstable affects, primitive defences, unstable relationship and attachment histories, unstable work history and substance intake problems indicated that Karen met the psychiatric diagnosis of borderline personality disorder on Axis 11 (DSM-IV-R, 2000). Personality disorders describe pathology at the level of personality and so by definition usually have a guarded prognosis (Tolpin, 1984). Her clinical presentation confirmed this (Kohut, 1977). Psychoanalytically, successful outcomes with regard to a borderline personality presentation remain contentious with a dearth of successful case studies reported in the literature. Of course it is a moot point that borderline pathology is contra-indicated for analyses.

In this first session a preliminary psychoanalytic diagnosis for Karen was made. An initial diagnosis based on clinical presentation was confirmed in later sessions and therefore not revised (Kohut, 1977). In keeping with a Kohutian formulation of a

disorder of the self (Kohut, 1977; Wolf, 1988), Karen is understood to have a disordered self structure, reliant on very primitive and archaic defenses and easily prone to fragmentation and/or further fragmenting under duress (Wolf, 1988). Her financial instability, together with impaired functioning in all motivational systems, suggested that environmental failure occurred very early in infancy and provided a cautionary indicator of what was to follow in subsequent contact (Swartz, 1997).

Karen seemed completely oblivious to the impact that her sadistic pronouncements had on me. She was completely sincere and authentic in her experience of Layla as the external cause of her problems, which gave an indication of her marked use of primitive defences such as splitting and projective identification. Indeed she saw herself as the afflicted, expressed through her use of masochistic defenses, borne out of the wish to be heard, to be understood, simultaneously choosing separation in an attempt to stave off painful fears of abandonment (Rhode-Dasche, 1999; Stolorow and Atwood, 1992; Lichtenberg, 2000). From this early session it already became apparent that however disturbing Karen's pleas were, they were genuine and emanated from an experience of distress (Lazar in Lichtenberg, 2000; Stolorow and Atwood, 1992). As an inexperienced intern who had just read and derived a great deal of optimism from Kohut's ideas regarding empathic attunement, I decided to go the route of understanding. In responding to her distress, she very early on showed signs of forming among others an idealizing and a merger selfobject transference with me (Kohut, 1977; Wolf, 1988).

Layla, on the other hand, communicated genuine despair and distress with her current situation. She presented with depression with mild suicidal ideation. But she, unlike her mother, showed a remarkable astuteness and resilience amidst such adversity. Her distress was tempered by the "unconscious hope" elicited in a selfobject transference with

me that her difficulties would be alleviated through my help (Kohut; 1977; Wolf, 1988). I was aware of feeling responsive toward both Layla and Karen in their different presentations despite the fact that Karen's overt presentation communicated a hateful stance toward the latter (Gabbard, 2000). In reflecting on this I believe that my response was due to an intersubjective conjunction experienced with both of them (Stolorow, Atwood and Tropp, 1992).

Half an hour after my session with the family, I was required to present the case to a group of examiners. I was asked why it was that apart from my initial contact with Cyndee, I mostly ignored her throughout the session. My feeling was that she, Cyndee, was the most vulnerable player in this family drama. As someone who represented a symbolic ally and the good selfobject for Layla and Karen respectively, I did not want to undermine her position by asking her to comment on a difficult situation. I now feel that I unwittingly participated with both a societal and the familial attitude in marginalizing the most disempowered member in that group. What I mean by these words will become evident further on in this chapter.

In formulating the case to present to my examiners after this clinical intake, I, together with my supervisors at the clinic, were in agreement that Karen's struggles to love her daughter had their antecedents in her own traumatic childhood. That milieu's inability to have responded appropriately to the loss of her mother manifests in a self state reliant on organizing principles designed to protect her from loss (Stolorow and Atwood, 1992; Kohut, 1977, Brothers, 1995). This together with the recent and traumatic losses of her brother (suicide) and her sister (cancer) had necessitated the deployment of defence activity to protect a compromised self from further loss.

In a subsequent formulation of the material, I was able to expand the initial formulation to include the significance of Cyndee's role in this family's clinical presentation. Cyndee's presence in Karen's home evoked repressed material, in that the commonality between Cyndee and herself overwhelmed her already compromised defence system. Cyndee served as the anchor point and the site of meaning for the multiple losses that Karen had already endured. When the family presented at the clinic, Cyndee was then a ten- year old girl who must have evoked in Karen the reminder of her, the ten- year old child self who had also lost her mother to cancer. Cyndee's presence in Karen's home served as a reminder of another loss, the loss of Cyndee's mother and her sister, which in all likelihood stirred up the memory of her brother's recent death. Cyndee's orphan status was likely to have retraumatised Karen in reminding her of her almost literal orphan status (given that her father readily substituted her for a host of other females) (Stolorow and Atwood, 1992). It was also significant to note that Cyndee was treated without cruelty at that point. This was probably because Karen was unable to sustain a feasible selfobject connection with her. The potential loss of Cyndee did not represent abandonment for Karen.

At this stage I understood that in holding on to Layla through sadomasochistically organized object relations (Benjamin, 1990) the young mother of the then three year old Layla had held onto her daughter as a narcissistic extension of herself. Up until the age of three, prior to the meningitis, Karen could not bear relinquishing contact with her daughter. Hampered in her ability to allow herself to relate to her daughter as a subject with her own centre, Karen clung to Layla, through a form of relating that Benjamin would describe as object usage (1990). A retrospective piecing together of history indicated that Layla's bout of meningitis, connoting loss and death for a self already compromised by developmental failure (Karen) reorganized Karen's perception of her

relationship with Layla. Using an intersubjective filter in which to understand the mother-child dyad at this point it is likely that Karen experienced Layla's illness as a literal loss of part of herself, bringing on a catastrophic experience of fragmentation (Wolf, 1988). Her diminished affective regulatory capacity manifested in a completely disintegrating self-state (Stolorow and Atwood, 1992). After this period Karen seemed to have deployed sadomasochistic defenses to guard against retraumatisation and to recreate some structural coherence (Stolorow and Atwood, 1992). Layla the good object became the bad object. In an attempt to gain mastery over the situation and to ward off further traumatising, Layla was sent to live with her relatives. However after intensely missing her daughter and having become recomposed and sufficiently defended to manage, Karen recalled Layla home.

Without meaning to do injustice to their lived experience between then and their clinical presentation, one sees that Karen's hateful stance, communicated as hatred with the intent to harm (Lichtenberg, 2000) can be understood as a deeply disturbed response to the fear of retraumatisation and loss. Understanding the dynamics in this way led to a deepening of rapport between us. It did not however detract from my firm belief that in order to work with the rupture in the mother-daughter dyad one had to adopt a management stance. At that point it meant meaningfully holding both their psychic realities in tow, reneging on interpretations, and 'colluding' with Karen so as to prevent her sabotage of the intervention (through simply refusing to continue attendance) (Benjamin, 1990). I had no illusions regarding my approach. Given the level of hatred expressed by Karen together with her simultaneous use of masochistic and sadistic defenses, as well as the diminished level of trust shown by Layla in her expectation of selfobjects to reliably meet her needs (Brothers, 1995), it was imperative that mother and daughter be separated and that Layla be placed in more reliable care.

Using and possibly taking advantage of the trust that Karen had placed in me, expressed in an idealizing selfobject transference toward me (Wolf, 1988), I introduced the idea of separating mother and daughter. I offered by way of explanation, the negative impact that their difficult relationship had already had on an overstrained Karen and in this way responded to her masochistic presentation. Karen responded positively as I had clearly met or reactivated a thwarted selfobject need. She acceded with an expected mixture of regret and relief and conceded that her fear was always that their continued living together would result in “something terrible” and she always feared that “I will kill her”.

At this point I had agreed to see mother and daughter for joint sessions in keeping with a clinical plan to take Layla on as a long- term patient after the proposed move. The aim was to provide her with an individual space, a holding space as described by Winnicott, (Modell, 1976) where she could re-engage the developmental process that had been disrupted (Kohut, 1977). It was decided to see Karen and Layla jointly because they had presented as a family and in light of the fact that Karen had communicated that she was in need of support. To separate them at this point would communicate to Karen that Layla was given preferential treatment. Given the level of self pathology manifested by Karen it was decided to “collude” with her and not use an interpretive approach as she lacked sufficient self structure to cope with it (Benjamin. 1990). To be direct with Karen would risk sabotaging our intervention and simply perpetuate this family’s prevailing mode of operating. It would also continue to subject Layla to an abusive situation. Antagonizing Karen would undermine our therapeutic approach. In spite of this, efforts to assuage Karen were not always successful and required ongoing reflection and supervision (Atwood, Stolorow and Tropp, 1992). In consultation with my supervisors it was agreed that if Karen reneged on our plan we would then have to draw on social services.

In our third meeting an irate Karen and a distressed Layla met me. Karen almost gleefully used the session to voice her anger and frustration with Layla who she said remained incorrigible, demanding “luxuries” and being “cheeky”. She then said something that continues to disturb me, and in some ways remains the hallmark of her sadistic presentation (Rhode-Dasche, 1999). She said that Layla remained a difficult child and she was ready to give up on her. And then she related the following story with a level of maliciousness and wrath that begged to be responded to, and yet I felt immobilised by the complex dynamics operative in the room, not least of all the intense hatred that Karen communicated. She said to me that Layla had to cross an empty field enroute home from school. Her level of frustration with her daughter was such that “if Layla gets raped on her way home, it will be her own fault, and she deserves it, I will not feel sorry for her”. My attempt to invite her to reflect on what she said did not help (Benjamin, 1990), and she continued to berate her daughter, commenting in an inappropriate way that her daughter was scared of sex, and so being raped would be a deserving punishment.

In a similar vein Karen described situations in which she thought or believed that Layla had spied on her while she and Andre were engaged in sexual relations. Her comment with regard to Layla’s behavior was contempt for her discomfort regarding sex. In defense of herself and in a distressed fragmenting self – state, Layla offered a more believable account of the situation. Her view was ignored and not heard by Karen. In other sessions Karen described situations in which she and Andre would spend the entire weekend drinking and lying around. During the day they may have chosen to have sex or not to. In these descriptions and in the account of her irritation with Layla, I was given further evidence of the unwholesome environment in which this family lived. I further

realized that therapy was a space that permitted and endorsed retraumatizing and continual abuse.

I discussed the issue with my supervisor and we decided that Karen needed to be offered her own therapist and that the work with Layla should not be delayed. As gently as possible I put the issue to Karen who agreed with the overt stance of the plan. I of course was not attuned enough to the potency of the idealizing selfobject transference that she had set up in relation to me (Wolf, 1988). When I terminated with Karen she attempted to stall the process by telling me about a lump she had found in her breast. Given the multiple meanings attached to “cancer” in her life I knew that my choosing Layla in favour of her was a reenactment of an abandonment that she had repeatedly experienced by significant selfobjects in her life (Atwood and Stolorow, 1992). I tried to respond empathically but simultaneously reminded her that since she would have her own therapist, she could use that space to discuss this and other fears. I gave her the number of a therapist at the clinic who had agreed to see her. Karen did not make the appointment and her refusal to do so indicated that this experience had retraumatized her and was an empathic failure on my part (Kohut, 1977; Brothers, 1995).

In an attempt to make reparation but more out of an urgency to keep the process afloat I made the appointment for her with the relevant therapist and ensured that the timeslot was suitable to them both. Furthermore, in keeping with standard clinical practice I arranged for Karen’s appointment to coincide with Layla’s, and an individual therapeutic contact that we had arranged for Cyndee. The reason for the latter arrangement was due to Karen’s transferring a great deal of her hatred toward Cyndee once the focus from Layla had shifted. As a clinical team we took great effort to ensure that our arrangements for all three therapeutic contacts were in place. We knew that one taxi journey would be



cheaper than three, a logistical matter that was too much for a compromised self like Karen to manage (Wolf, 1988). She did not arrive; nor did she make arrangements for Layla and Cyndee to come to their sessions. Her refusal to come had a profound impact on me and I was forced to recognise that in abandoning Karen for Layla, I had unwittingly created a reenactment of an earlier trauma (possibly multiple) of abandonment and loss (Stolorow and Atwood, 1992). It did not help matters that the earlier assessment of Karen's self - structure seemed to be accurate. I again sought contact with my supervisor and we agreed that despite the frame breaks to the individual therapy we had in mind for Layla's, and that she (Layla) had already prepared herself for, the situation necessitated acceding to Karens' need. This was done with full awareness of the fact that I was here setting up a new contract, ostensibly a frame break, from the earlier one I had just made with Layla. Clearly Karen's organizing principles (Stolorow and Atwood, 1992) were on full alert and deeply sensitized to future or impending retraumatisation. I had underestimated both the power and intensity of the selfobject transference, as well as the valence of a therapeutic contact in reactivating thwarted developmental longings (Kohut, 1977; Wolf, 1988). There and then we decided to restart the joint sessions, at least until Layla had been moved.

Karen responded to the invitation and admitted that she had felt abandoned. Ongoing supervision and self-reflection helped in negotiating this intersubjective disjuncture (Stolorow, Atwood and Tropp, 1992). During this time I had also initiated contact with Rashied, Layla's father. Rashied was in full agreement with our overt clinical plan, an endorsement of an intervention that seemed to correspond with his obliging although compliant personality. His agreeable manner masked a shameful self-presentation (Wolf, 1988; Kohut, 1977). From his history it appeared that Rashied relies on seduction and sexual gratification as his organising principles in efforts to ward off feelings of

enfeeblement. My feeling was that he saw the call to therapy as a recapitulation of an earlier experience of being rebuked and shamed. In order not to narcissistically injure him one had to be sensitive to these dynamics (Kohut, 1977; Wolf, 1988).

As relations between Layla and her mother worsened, the urgency regarding the move became more apparent. Karen seemed to thrive on the attention given to her difficulties and so used therapy to vent her difficulties and the problems she experienced with Layla. Alternatively she would spend the session vilifying Cyndee. In this and other accounts in which Karen presented herself as the afflicted, it was clear that she took a great deal of pleasure from this experience. A simultaneous presentation of hatred and sadomasochism could not be ruled out (Benjamin, 1990; Rhode-Dascher, 1999; Lichtenberg, 2000; Gabbard, 2000; Ornstein, 1991). With both Karen and Rashied's agreement given together with Layla's willingness to move to the home of her father, all that remained for her was to move. It was agreed that she would not change schools even though her parents did not live in the same area. Layla was in her last term of the final year of her primary school. A school transfer this late in the year was likely to be disruptive regardless of circumstances. However the agreed date was changed and the arrangement nearly aborted, mostly because of Rashied's difficulty in adjusting to an unexpected and unprepared life change. He was also given a therapeutic space in which to work with some of the feelings that the move brought up for him. I, again in violation of a psychoanalytical therapeutic frame, saw Rashied individually in addition to seeing Layla and her mother jointly. A second moving date was aborted and at the same time relations between Karen and Layla were taking further strain.

Karen also expressed very mixed feelings toward Rashied; on the one hand Rashied remained the idealized love and on the other he was an abandoning figure and a

permissive father who reneged on his commitment to joint parenting. Fueled by a desire to punish him for enjoying a more pleasurable life, and compelled by her fear of loss and abandonment, she took great pleasure in telling me that “I feel that Andre and I should just move before everyone gets home from school and then they won’t know where I am”. I had to process a number of conflicting feelings and the sense of being responsible did at times feel difficult. I was in part motivated by my own desire to rescue, a helpful and harmful organizing principle in a case in which massive reparative work was demanded (Stolorow and Atwood, 1992).

Eventually Layla moved to the home of Rashied. In keeping with our agreement for Layla to spend the afternoons with her mother until her father could fetch her after he had finished work, it was decided to continue with the joint sessions until the following year when I would see Layla individually. This was our first session after the move. Layla was distraught. She missed her mother intensely, feelings felt more intensely and yearnings made greater by the insecure attachment between mother and daughter (Fonagy, 1999). The distress was acute and aptly captured in the image of a lost and forlorn bird she had found and nursed to life. Layla saw herself as the abandoned and injured bird that required nurturing. In an effort to contain the distress that I felt partly responsible for, I offered her a book as a transitional object and telephonic contact in an effort to manage the transition (Winnicott, 1971). I also welcomed and fully engaged in her use of me for a twinship selfobject transference (Wolf, 1988).

At the same time Rashied was struggling to adjust and did not know how to cope with the relentless distress. In keeping with his organizing principles regarding distress, Rashied found it easier to gratify Layla’s need for renewed contact with her mother. He also easily acceded to her wish for clothes - substitute selfobjects (Wolf, 1988). When I

eventually saw Karen it seemed that she was struggling with a plethora of conflictual feelings ranging from emptiness, rage, despair and envy, some of which she momentarily gained insight into. In some ways giving credence to the receptive capacity which Bollas describes “as an aspect of mental life based on a relaxed rather than deliberate state of mind which creates the conditions from within the self to emerge” (in Gerhardt and Sweetnam, 2001, p. 44). In this way the intersubjective field seemed to have created or allowed for the conditions in which unconscious material could emerge. Karen was able in a follow-up session to say “I think I am scared to lose her”; however she was not able hold onto the demands that such an insight necessitated.

Shortly after Layla’s move Cyndee become the object of Karen’s hatred. The clinic made an individual space available for Cyndee with another therapist bearing in mind the effect that Layla’s departure must have had on Cyndee as a result of loss as well as unconscious rivalrous feelings. Karen undermined this process by not arriving for sessions despite the fact that Rashied gave her taxi fare for the journey to the clinic. Recurring efforts were made to bring both Layla and Cyndee back on board but Karen refused - a deeper expression of the neglect she has always felt and a valid reflection of her self-state. Eventually it was decided to ask Rashied to bring Layla in after hours.

Layla continued to miss her mother but possibly as a result of our efforts to maintain as much of her old routines as was possible, as well as not to undermine her need to be with her mother, Layla slowly started to feel safe in her contact with her father. Rashied also found it convenient to drop Layla off at Karen’s over weekends, in part an expression of the difficulty he felt in adjusting to his new role. Throughout this time Layla still remained devoted to her mother - an indicator of the level of insecure attachment between them. She preferred spending all her available time with her and Cyndee, and continued

to miss them. She relentlessly complained that a girl child needed a mother figure, in many ways an expression of a personality hungry for twinship experiences that Karen was unable to provide consistently for her (Wolf, 1988; Kohut, 1977).

About four weeks after Layla had moved to her father's home I met with a more reflective and less distressed child. She said that she had started to feel better and had come to understand that her father is able to give her a better life. She also reiterated that it was necessary for her to leave her mother's home so that they could stop fighting. In this session she said to me "Indira, I am different. I am no longer disobedient. I have stopped biting my nails" communicating a clear understanding that her behaviour was context dependent. From the outset it had been clear that Layla was a resilient, attractive, intelligent and astute child, who despite the relentless abuse from her mother had also gained something from Karen's over-involvement, especially during the early years. Despite an insecure attachment with her mother, which it was felt could be addressed in the therapy, the question of a reasonably intact self-structure was never in doubt (Kohut, 1977). It is possible that Layla had repeatedly gained self-structure in small increments, especially during their merged moments. Layla could also hold on to Karen's sporadic efforts to protect her as in when she ended an abusive marriage to protect Layla from the abuse of her husband. Unlike Cyndee who presented with symptoms of sexual abuse, neglect, obvious childhood depression, Layla had shifted despite the pain of losing her mother. What appeared to have helped was our efforts to have understood Karen's difficulties and the dangers these posed to the continued physical and emotional wellbeing of Layla.

It was on this note that I left the clinic at the end of the year, feeling close to Layla and quite responsible for her. I was also relieved to see that despite the numerous hiccups,

including Karen's now having chosen Rashied as the object of her hatred, it seemed that Layla's arrangement with her father had now taken on a more or less permanent status for both Layla and Rashied. It remained to be seen whether or not Rashied would make himself available for Layla's selfobject needs (Wolf, 1988). I telephonically terminated with Karen who by this time had stopped coming to the clinic, an action that severely hampered the impact that any therapeutic contact could have for Cyndee. Again Cyndee was not given the opportunity for any termination, this despite the fact that Cyndee's attendance at therapy was considered important, and especially since it gave her an experience of something special. Her therapist, deeply disappointed and frustrated with Karen's inconsistencies, lies and questionable child-minding skills, chose to terminate with her via a letter. Efforts were made to place her with family members. Cyndee had very little family and sparse if any contact with her father at all. Cyndee's therapist managed to locate an ex-step mother, who in the past had occasionally taken her in over weekends. She refused an invitation to meet with the therapist, stating that she considered Cyndee to be a permissive child who tended to behave in sexually inappropriate ways, especially toward older men and cited an example of finding Cyndee in bed with her husband.

My first session in the new year was considerably delayed by logistical difficulties regarding an appropriate venue in which to see child patients. The initial plan was to continue seeing them at the CGC. However our hospital supervisors, in keeping with the administration practice of the hospital (internship placement), disagreed with this. After negotiating different options I saw Layla for the first time at the beginning of February, a full month later than our proposed January 2 starting date. I was disappointed with the delay and anticipated that Layla would be equally so. Instead in our first meeting Layla communicated very ambivalent feelings. She felt that she was able to manage on her

own, and as a high school pupil could manage to problem solve her own difficulties.

Was Layla's ambivalence a response to my abandonment and perceived neglect, and a defence against further neglect? She stated that it would be inconvenient for her father to bring her to therapy as it interfered with his work schedule. At the same time Karen's pattern of relating to her daughter remained the same. Karen continued to be both loving and hateful toward her daughter, feelings that only heightened Layla's need for closeness with her mother. And still I continued to remain a potential selfobject for her, especially at the twinship level. She showed concern with regard to my travelling, and home conditions, but would not respond to my interpretation regarding her need to feel secure in the world, as well as her concern with the safety of those she felt close to her. What she perceived as the abandoning or unsafe circumstances of others resonated with her own experience of trauma and the principles regarding safety that she had adopted (Stolorow and Atwood, 1992). In this and other situations Layla displayed a lack of trust in selfobjects to provide her with a sense of security (Brothers, 1995).

I discussed Layla's ambivalence with my supervisor who cautioned me regarding adolescents' motivation to attend therapy. He insisted that unless parents' were fully committed to the process, the therapy would be undermined, as children were dependent on their parents' with regard to transport, finances and emotional support. He asked me to discuss the issue of motivation with Rashied. The following week Layla's aunt brought her to therapy and while the latter waited for us, Layla told me that her aunt had mocked her mother and that this had hurt her deeply. When the secretary had requested Layla's contact details, her aunt, [her father's sister] had remarked that Karen was the one who needed the help. Karen it seemed remained the butt of much mockery and dislike from others, and given my initial experience of Karen it is not hard to see why this is so. But like Layla, I had also seen the terrified fragile self, held together by a host of

unhelpful defences (Kohut, 1977). Layla related to her mother as a parental child, a compensatory strategy that nonetheless undermined her need for nurturing and care.

The Monday morning after that Wednesday session, I telephoned Rashied with the express purpose of setting up a meeting to talk openly regarding issues of motivation.

A shocked Rashied informed me of the tragic news of Cyndee's death. Apparently Cyndee was brutally murdered on the very Wednesday that I had last seen Layla. On the aforementioned day, Karen had apparently not sent Cyndee to school as it was her school sport's day and she did not have money to give her. From her history and my contact with her, I was aware that Karen was haphazard about sending the girls to school. Karen went out that morning and left a still sleeping Cyndee alone. It would seem that an intruder broke into the home and murdered her as she lay sleeping. The attack had been a brutal one as she had been stabbed fourteen times. A distraught Rashied told me that he had witnessed her body and this had been a gruesome sight for him. Cyndee's' gruesome and brutisque death was widely published in the local newspaper, with her pictures flashed on billboards. Shortly afterwards the confirmed murderer was arrested. Layla was devastated and apparently so was Karen. Reminding Rashied of the purpose of my call he insisted that there was no question regarding therapy continuing. Furthermore he said that he needed to thank me for having had the foresight to transfer Layla.

When I saw Layla the Wednesday after the attack she looked different, outwardly composed and inwardly shattered. She had difficulty engaging and said to me that she did not want to talk about her feelings regarding Cyndee's death. She did however fill me in on some of the details regarding her cousin's murder. From what I gleaned from her account, it would seem that Karen had to some extent compromised Cyndee's safety by leaving her unattended and through not sending her to school. It was too early for



Layla to process this and I did not want to push her. I wanted her to use the therapy to grieve appropriately and so minimise the chances of an abnormal grieving for a child already compromised in so many ways (Waskett, 1995; Kalish, 1989). Layla said that she wanted to remember Cyndee in her own way, and that she had cried enough at home. This was in keeping with what Rashied had said but he was concerned that Layla did not want to talk about Cyndee. In order not to push and probe in a way that would seem persecutory for her, I left her with the thought that she could just “be” in therapy, with the hope that material would emerge when ready (Bollas in Sweetnam and Gerhardt, 2001).

Layla attacked the therapy by linking the time in which she first heard of the death with her session at the hospital. I also understood her attack on therapy as an expression of anger possibly directed at her errant mother, but an anger that she dared not communicate lest Karen abandon her altogether. Was her anger an expression of guilt in that she had been spared while Cyndee had to live with her mother. Regardless of the multiple meanings inherent in her attack, I saw her anger as a positive sign in that Layla felt safe enough to express anger without fear of the implications. What was disturbing to bear was the multiple ways in which trauma expressed itself in this complex family system. My concern at this point was that Layla’s self trust would diminish as Cyndee’s death confirmed her unconscious expectation that selfobjects could not reliably look after one (Atwood and Stolorow, 1992; Brothers, 1995). Her next statement confirmed this. She said that if she had not moved, she would have been with Cyndee and been able to protect her by adding “I am strong I would have used different karate kicks to defend Cyndee. I know I would have protected her”.

However over the next 6-8 sessions Layla started to feel more contained in the therapy, especially in its ability to contain her anxiety through the safety of the frame. Coming to

the same place, meeting the same therapist who repeatedly communicated her importance, gave her the opportunity to feel safe enough to talk about some of the pain regarding Cyndee and her mother. In one session she cried as she remembered and mourned the loss of Cyndee. In another session she reluctantly told me that she blamed her mother for Cyndee's death, because if she had not left her alone at home, this would not have happened. She hastily went on to say that of course her mother could not have known what would happen nor would she have allowed it to happen. Layla was struggling with anger and guilt toward her mother, but in being allowed to express the ambivalence she was better able to hold onto the feelings as opposed to disavowing them (Stolorow and Atwood, 1992).

Throughout this time another process had started to play itself out and is testimony to the fortitude of circumstances surrounding this case. After Cyndee's death Layla refused to sleep in her own room and insisted on taking her bed to her father's bedroom. In allowing her an experience of complete safety, Rashied availed himself of the maternal selfobject role that Karen was not able to manage. The complexities involved in the sanctioning of an adolescent girl child's sleeping in her father's bedroom notwithstanding, I have come to see this as a powerful reenactment of a maternal bonding that Layla has always longed for. In so doing she reminds us that our selfobject needs however primitive remain, and will use available opportunities to reengage the process if allowed to do so (Wolf, 1988; Kohut, 1977). Layla, I believe, internalized an experience of safety and was able to start to use the other parent despite and helpfully, in light of the overwhelming trauma that she has had to manage. However, the manner in which Rashied dealt with a traumatic situation confirms Atwood and Stolorow's (1992) postulation that it is not the extent of the trauma but the ability of the caregiver to help the child manage the unbearable. In permitting this, Rashied allowed Layla to continue the

process of structure building in an environment that communicated safety to her. His willingness to re-enter the “maternal space” and to allow himself to be the instrument for her structural maturation is a significant factor here.

Throughout the time I spent with Layla she and her father were in continual negotiation regarding her return to her bedroom. Like her father I encouraged her to go back, but like him, I allowed her to make the choice, with the hopeful expectation that her readiness would manifest (Bollas in Gerhardt and Sweetnam, 2001). In our penultimate session Layla had told her father that she was ready to go back and that she now realized that she was safe. In another session Layla said something which confirmed for me that her father had now become the significant selfobject. Despite the fact that Rashied occasionally disappointed her it was clear that they were able to negotiate their difficulties together. She said that she has come to realise that she is special in that she has a father who is there for her in ways that other children do not have. She went on to say that it would have been preferable if her aunt had not stayed with them for the first few months as she had prevented Layla and her father from developing and solidifying their relationship.

Throughout this time Layla continued to express the feeling that she would like to end therapy and when she brought the following two dreams to therapy I felt that to hold onto her would be selfish and an expression of my unconscious organizing principles about rescuing (Stolorow and Atwood, 1992). In reflecting on the congruence between my organising principles to rescue and Layla’s need to protect herself against repeated abandonment, I wonder what the impact would have been had I a different set of organizing principles.

### Layla's Dreams

1. *Helena and I take a boat trip. While on the boat we decide to go diving and swimming. While we are swimming we notice that the boat has drifted away. The boat drifts away. We are both scared, especially me as there are lots of sharks around. We manage to hold on to a log but then we lose the log. Soon after we find it and this time we tie our clothes to the log. We swim while holding on to the log and soon we see the shore ahead.*
2. *My mommy and I and my mommy's friend are walking to Wynberg. We take a different route from the one that we usually take. We walk alongside the railway line. Suddenly a group of men appear in front of us and want to attack us. We start screaming and we hit them. My mommy's friend runs away from them and they follow her. My mommy and I escape and we run into a public toilet. We stay inside and soon we hear them close by. They run past the building but then they come back and fetch us. But my mommy and I manage to defend ourselves. We hit and we kick them and then we escape. We run until we reach my daddy's house. On the way we meet my mommy's friend and she also managed to escape from them. We are all happy because we are safe now. Soon it's time for my mommy to go home. My daddy and I say goodbye to her as she leaves and I stay home with my daddy.*

Without wanting to go into a detailed analysis of the dreams, I will nonetheless provide a brief comment on them as they allude to powerful unconscious shifts in Layla's organizing principles. Both dreams show Layla in situations of danger, and significantly one includes a scenario with her mother. Layla's admission to me that the route used in the second dream was considered to be more risky suggests an emerging awareness of the

potential and real dangers likely to befall her through sustained contact with her mother. Both dreams describe dangerous situations and attest to Layla's awareness of the danger in her life. Significantly, both dreams depict the ability to steer herself away from danger, toward real and permanent safety, signified in the first dream by her sighting of the shore, a solid land structure as opposed to the impermanence of the log. In the second dream this is signified by her choice to stay with her father, who has come to represent the secure anchor in her life, who she belongs with as evidenced by her remaining with him while her mother leaves to go to her own home.

On the one hand it is worth considering that the dreams may reflect the fulfillment of a wish but on the other hand they were congruent with material that Layla brought to the therapy, as described above. In June 2003 Layla and I terminated after a year's therapeutic contact. In that last session Layla admitted that she believed that therapy had saved her life and had stopped the fighting between her and her mother. Here I believe that Layla, in all her wisdom, is correct. Even though she may need to or have to deal more fully with the abuse of her past, I believe that this current therapy has provided her with a good enough experience that will stand her in good stead to work with it.

## Chapter Six

### DISCUSSION AND CONCLUSION

The aim of the present study has been to describe a therapeutic intervention with the purpose of drawing attention to a clinical decision to separate an adolescent girl child from her mother and place her in the care of her father. In outlining the process from the earliest contact through to the termination, with significant attention paid to the developmental histories (in so far as they gave them to me), their clinical presentations, and a clinical assessment of the relevant individuals, it was possible to institute a working plan and track its progress. The process, its outcome and the long-term implications of the clinical decision, which as yet remain unknown, invite considered thought. What follows are my reflections on the clinical, research and theoretical implications of such a decision.

#### Clinical Implications

The clinical decision to separate Layla from her mother and place her in the care of her father took its impetus from the initial assessment, and was not revised despite follow up contact. Thus far the implications of this decision have been significant, and most meaningfully felt in Layla's lived experience. On a practical level it has involved a physical transfer from the home of her mother to her father's home. In other ways it has made possible a deepening and a widening of what is psychically permissible and knowable for her. In halting Layla's continued abuse by Karen it portends to interrupt the intergenerational transmission of not only abuse, but possibly an insecure attachment (Fonagy, 1991) to her mother, therein rendering Layla's earlier diagnoses of childhood

depression and a mother-child relational problem almost obsolete. Rashied's transformative role from father-figurehead to selfobject, a direct outcome of the decision, is likely to have facilitated the process for her. It is probable that in both being believed and having her reality affirmed for her, Layla was able to take a lead from this and start to draw on what else had been made available to her. In using Rashied incrementally, it became possible for her to mourn not only the loss of Cyndee but to start to confront the bad mother, and in so doing enabling her to preserve the good mother that Karen could be. It is possible that in the transfer to her father, Layla learnt that self-experience consists of multiple layers holding both infinite repositories of pain and hope. And if allowed to express the hope as she had been allowed to, through finding herself cocooned in the newly available sustaining presence of her father, it became possible to allow the disavowed anger and pain that had previously seemed so unbearable, to emerge. She was able to tolerate the fact that Karen had subliminally known that she could no longer be the instrument of not only her own demise, but also the destruction of goodness that she saw in her daughter. Layla's dreams seem to attest to a growing emergence and acceptance that her mother could not manage caring for her but this awareness emerges alongside a parallel process; namely that of her father availing himself for her selfobject needs. In retrospect it seems that these regenerative psychic possibilities were given their impetus by the clinical decision described in this thesis.

For Karen, on the other hand, the clinical decision is an affirmation for her that the clinic, the brick mother that she had turned to, had seen and digested not only her despair but also the horror within which it expressed itself. Most significantly for her it had not fled from this horror through an outward rejection of her. Karen's presence at the clinic demands to be seen as the symbolic gesture of the dying mother, who unable to care for her offspring painstakingly pursues a stronger, more robust mother for her child. In the

opportunities that Layla has at her disposal (and here I insist on placing the psychological benefits before the financial ones), one realizes that Karen's gesture expresses her efforts at reparation.

To think of Cyndee is to know that the decision had not, and seemed unable to, factor her into the clinical plan and was therefore not able to extricate her from the quagmire of hopelessness that she inhabited. It was felt that all one could do was simply bear witness to that which seemed so hard to find for her; hope in a hopeless situation.

### **Research Implications**

Advantages of the case study method of research include the opportunity to make hypotheses and to generalize to certain theoretical propositions (Stake, 1995). The proposition that has emerged most strongly from this decision is that if and when certain psychic realities appear untenable, it is imperative to interrogate the therapeutic apparatus at one's disposal with the aim of extricating the most helpful and feasible outcome. In this instance our assessment of Karen's self-structure demanded that Layla be moved to the home of her father. To effect this move necessitated being flexible and visionary with regard to the long-term welfare of the child. Being flexible in this instance implied adapting the frame to meet the precarious demands placed on the viability of our long-term plan by Karen.

Arising from this are questions that require more thorough investigation, such as the value and feasibility in adopting a flexible clinical stance when working with compromised presentations. Allied to this are concerns around irresponsible frame violations, and this is in view of the fact that the frame is a protective structural



consideration, providing for the child an “indispensable sense of being safely held” (in Anderson, 1996, p. 70). What is warranted then is a study of the conditions under which one can and should break the frame. What are the benefits of breaking the frame? Does breaking the frame give rise to greater harm in the long term, currently overlooked by our short-term gains? This kind of research becomes imperative when the welfare of children is most at risk, and especially in South Africa where in recent years young children have borne the brunt of our social and psychological frailties through being the victims of poverty, illness, child murder, and infant rape. The firmament of despair out there implores a more responsible and flexible stance in treating the range of psychological problems confronting us as a society and especially as it applies to children. This is in recognition of the ubiquitous impact of inter-generational transmission of trauma and abuse.

The question of where to place children in need of alternative care remains urgent. At present such children seem to only have the option of institutional care. However Rutter (1998) has shown that children in institutional care do not thrive or make the same progress as their counterparts living with families. I would like to suggest that this does indicate that unless a responsive selfobject milieu is in place to meet selfobject needs, then it is unlikely that the self will develop accordingly. This thesis has shown that the lack of suitable selfobject conditions manifests in regressive impulses with negative consequences for the individuals concerned. With Cyndee one has a clear sense of the negative impact that an absent or insufficiently sustaining selfobject milieu can have. This invites reflection and research into what constitutes optimal conditions for child development, especially when their primary caregivers are hampered in their ability or unable to provide for this.

This study also raises the importance of an assessment in determining the course of clinical work. What is the relationship between the imperatives demanded by assessments and adherence to those imperatives? How can we improve on the assessment process so as to ensure that pragmatic and sustaining outcomes are ensured. This thesis in some way demonstrates the painstaking efforts required to ensure successful outcomes. Finally, the long-term benefits of this current intervention require urgent research. To my knowledge the Child Guidance Clinic is planning a follow up study of the progress of their clients in 2004, of whom Layla will be one.

### **Theoretical Implications**

The theoretical implications of both the decision to move Layla as well as the fact that her successful moving hinged on violating the frame, through seeing mother and daughter jointly, require careful thought and raise several questions. Firstly the entire intervention was informed by psychoanalytic principles drawn from self psychology as well as other schools as discussed earlier. Without sufficient understanding of Karen and Layla's self-states, and a deeper understanding of the implications of an indiscriminate therapeutic stance, I would have precipitated a further decline in an already compromised system. Karen would surely have destructively acted out the pain that she was unable to manage. In this context I am left feeling that without the insights afforded by psychoanalytic theory I may have naively held onto the belief that mother-child sessions were all that was required. The urgency of a mother-child separation took its sole impetus from an assessment of Karen's self state. Without this body of knowledge at my disposal, I believe that we would have continued with joint sessions hoping to repair the rupture, only to have Karen leave the therapy without sufficient if any gains made. At the Child Guidance Clinic and elsewhere in child-family therapeutic settings this remains an

ongoing reality faced by many practitioners. Emanating from this is a conclusion I have come to regarding the suitability and importance of the psychoanalytic self psychology framework in any clinical setting, and more especially one as critical as the South African one.

The self psychology model was helpful to me because by definition it demands an empathic engagement, necessary for a therapeutic alliance but also for the emergence of unconscious material. This case made onerous demands on my ability to be empathic to both mother and daughter in light of their complex presentation of hatred, sadomasochism and child-abuse. As is seen with this case, self psychology availed itself to working with very disturbing material while holding onto the insights and acting on the recommendations that have come out of the assessment. The connections between the intersubjective theory of Stolorow, Brandchaft and Atwood and self psychology made it easy to grasp the extent of the trauma of Karen's life, and it was helpful in pointing out the analytic rupture when it occurred. From the outset it was also clear that one could not assume that the analytic encounter with Karen would reflect Benjamin's notion of two separate subjectivities (1990). However it and all the other theories I drew on did not explicitly provide me with a working solution to the rupture when it occurred. The decision to collude with Karen at that point came from an inherent belief in the necessity of separating mother and daughter and this in part is drawn from the insights I have gained from theory. Here I refer to an assessment of self structure and the impact of abuse on the abused.

But the available theoretical models do not advocate the frame breaks that this intervention took. Instead the literature encourages one or a combination of the following; working with the rupture, providing an individual therapeutic space, an

acceptance that the family are not ready to commit to a therapeutic intervention, and in the instances when clear cut abuse can be shown, have social services come in. My reluctance to choose the latter option was in part a response to the overriding trauma that Karen had already endured, and the anxiety that if challenged, her hatred would seriously undermine any therapeutic gains I sought. More importantly, in remaining mindful of the delicate nature of selfobject needs and bonds with regard to both Layla and Karen, I was able to offer them a manageable compromise. The implications of the choices made described here suggest that strict frame adherence is only feasible in cases that are indicated for comprehensive psychoanalytic work, and probably in more resourceful settings. More importantly, in situations like these it is imperative to have long-term outcomes in mind when working with very disturbing material.

Finally, theory emerges out of a willingness to do things differently when existing theory is not helpful, and in so doing indicates that theoretical knowledge is open to questioning and receptive to the evidence brought before it. Choosing to break the frame required suspending knowing, and opening ourselves up to see what would emerge. The urgency of the separation demanded a frame break or else one had to accept that Layla's abuse at the hands of her mother would continue.

Choosing to see Layla and Karen jointly raises questions regarding existing therapeutic models. Although they were seen jointly it was not a parent-child therapy and nor was it a family therapy. While I attempted to do family work, it was not possible given Karen's demands on the therapy. And because of Karen's hatred and sadomasochism any attempts to offer individual therapy were rejected. In spite of this they were offered a therapy where both were allowed to be present with a therapist without necessarily working on a joint understanding of the problem. Layla spoke very vaguely and

generally about her feelings, whereas Karen used the space to show me something of her inner world and here I allude to her relentless outpouring of hatred coupled with an incessant need for me to not reject her. What does this as yet indeterminate space constitute in terms of our existing models of therapy? Is there a need to make available a transitional space that serves a holding function, a witnessing space that will eventually be replaced by other more viable ones, less punishing and more therapeutic? This intervention called for a different model and it seems to have served Karen's need for someone to witness her abuse, and end it for her without outwardly rejecting her. I cannot conclusively argue for the value of such a space in other interventions but I can attest to it serving a holding function for Karen and Layla until Karen outgrew her need for it. I do know that in creating this transitional space it enabled me to vociferously pursue other more nurturing and permanently safe spaces for Layla. This then is an invitation for others working in similar settings to be more flexible with regard to working models. I am aware that many practitioners refuse to work with families unless all members attend. Its value cannot be questioned in recognition of the systemic nature of family problems but again in refusing to be flexible, there are instances in which numerous families simply do not arrive in the therapists' rooms.

## Conclusion

In conclusion, I have to ask how is it possible to endure the level of abuse that Layla has had to and still maintain a level of healthy functioning that few are able to? Layla's testimony acts as a powerful example of the fact that we are able to reengage the developmental process through the provision of a responsive selfobject milieu. Her therapeutic journey calls up Kohut's rejoinder that "it is not trauma that causes pathology" but the inability of the selfobject to help the child manage the trauma.

It is not possible to mention the word traumatic without thinking of Cyndee and our failing of her. Possibly it was Cyndee's continued living with Karen that placed her in danger on that fateful day of her death. Layla's life was protected from injury on that day because her father had been sought and she had been placed with him. It is an indictment of our system, our society and our work that we had not been more painstaking in our efforts to secure her a more viable living arrangement as we had done with Layla. This intervention and all that came through it continues to challenge me with Cyndee's death. Her dying and our obvious or perceived neglect of her, points to the skirmishes within our collective consciousness. Redemption remains a collective responsibility.

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